		CEASED NAME EIRST	rser, WV. 26726	L	AST	2a. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
poge 3	(119)	Beatrice	G.	Alla	mong	June	1, 1986 03:30
	3. SE		4. RACE	S. DATE C	OF BIRTH	& AGE FIN YEARS LAST BIRTHE	AY) IF UNDER 1 YEAR IF UNDER 24 H
rector.		Female	White	Jan	2, 1910	76	YRS DAYS HOURS MI
uneral direction 72 hours		IRTHPLACE (STATE OR FOREIGN COUNTRY) W. Va.	U.S.A.	WIDOWE		BALTIMORE CITY OR Allegany	County
by the fune filled within	>	Cumberland	11. NAME OF HOSPITAL, NUR (IE NOT IN SUCH EACILITY, GIVE ST Sacred Heart	HOSPIT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	(ORKING LIFE) INDUSTRY
24 hou	13a.	W. Va. Mi	or other institution give residence be into the large of	OWA	13d INSIDE CITY LIMITS?	13 STREET ADDRESS / Z	Son St. 26726
ed within	7	ATHER'S NAME FIRST  Adam •	- Camp		15. MOTHER'S MAIDEN NA Angrett	a middle	Wiles
m and ce	6a \	WAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) (IF YES G	RMED FORCES? 166 SOCIAL SI 23556		Donald All	among Rt 1	Keyser, W. Va.
rtificate k g physicia anpoper emoval.		18 CAUSE OF DEATH (Enter of	anly ane cause per hee for (a), (b)	, and (c	1,0	11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PART I. DEATH WAS CAUS		uina Y	er (arcius	ella tom	The second second second
ttending ve carbi	7	9041 (Conditions, if ony, which	DUE TO, ORASA CONSE		ed Carono	oleen	
es that the death ce led by the ottending please remove carb urial, cremation, ar r , or ather traumotic.	7	Canditions, if ony, which gave rise ta immediate cause ial, stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF	7		TON CIVEN IN PART I
that the death ce d by the attending lease remove carby iol, cremation, ar r or ather traumotic.	Noi	Canditions, if ony, which gave rise ta immediate cause ial, stating the underlying cause last.	DUE TO, ORASA CONSE	OUENCE OF	7		TION GIVEN IN PART 1 a
he low requires that the death ce on.  has been signed by the ottending permit. Then please remove carbing the prior to burial, cremation, arreany any injury, or ather traumotic.	TIFICATION	Canditions, if ony, which gave rise ta immediate cause ial, stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF	NOT RELATED TO THE TERM	VINAL DISEASE OR CONDIT	FION GIVEN IN PART 11a  10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO
AN: The low requires that the death ce hysicion.  Tysicion has been signed by the ottending fronts permit. Then please carbing the prior to buriol, cremetion, arrivel 18 shaws any injury, or other traumotic.	CAI CERTIFICATION	Canditions, if ony, which gave rise to immediate cause at immediate at immediate at immediate cause at immediate and at immediate a	DUE TO, OR AS A CONSEI  DUE TO, OR AS A CONSEI  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH	OUENCE OF	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCURI	VINAL DISEASE OR CONDIT	10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
AN. The low requires that the death ce physicion, fricate has been signed by the attending strongs permit. Then please remove carb bi Hygiene prior to buriol, cremetion, arr n 18 shows any injury, or ather traumotic.	MEDICAL CERTIFICATION	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	DUE TO, OR AS A CONSEI  DUE TO, OR AS A CONSEI  (c)  GONDITIONS CONTRIBUTING  19b. CONDITION FOR WH	OUENCE OF  TO DEATH BUT  CLUST  ICH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION  STREET	20a AUTOPSY?  YES NO	NOB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NOTE NO NO NOTE N
DING PHYSICIAN: The low requires that the death ce or attending physicion.  After this certificate has been signed by the attending se os the buriol-tronsit permit. Then please remove carbith and Mental Hygiene prior to buriol, cremation, a crimarked or tem 18 shows any injury, or ather traumotic.	7	Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEI  (b)  DUE TO, OR AS A CONSEI  (c)  GONDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH ER)  P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	OUENCE OF  TO DEATH BUT  CHAPTER  TO DEATH BUT  CHAPTER  TO DEATH BUT  T	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION  STREET	VINAL DISEASE OR CONDIT	NOB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NOTEM 18 PART 1 OR PART 2)
LONG TENDING PHYSICIAN. The low requires that the death ce the hospital or attending physicion.  Lid DRECTOR, After this certificate has been signed by the attending teached for use of the buriol-transit permit. Then please rememore carbineted for use of the buriol-transit permit. Then please rememore carbineted is the beat that the property of the	7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILIFETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE ATWORK ATWORK  22a 1 certify that (b) (this hosp saw the deceosed alive a charm. If well did in a control of the control	DUE TO, OR AS A CONSEI  (b)  DUE TO, OR AS A CONSEI  (c)  GONDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH ER)  21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI  into view the Dudy (b) or death	OUENCE OF  TO DEATH BLY  CLASTICH OPERATIO  DAY YEAR  19  ICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION STREET  19.86  and that in (my) (aur) apinian DEGREE  ATTENDING	VINAL DISEASE OR CONDIT	ODD. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  ON THE MISS PART LOR PART 2)  COUNTY STATE  ON HOTEL (I) (we) I ON HOTEL (II) (we) I ON HOTEL (III) (WE) I ON HOTEL (IIII) (WE) I ON HOTEL (IIIII) (WE) I ON HOTEL (IIIIII) (WE) I ON HOTEL (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
New TENDING PHYSICIAN. The low requires that the death ce haspital or attending physicion.  IRECTOR, After this certificate has been signed by the attending defar use of the buriot-transit permit. Then please rememove carbitles to Health and Mental Hygiene prior to buriot, cremetion, arritem 21 is marked or them 18 shows any injury, or ather traumotic.	7	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE AT WORK 21 WOR	DUE TO, OR AS A CONSEI  (b)  DUE TO, OR AS A CONSEI  (c)  GONDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH ER)  21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI  into view the Dudy (b) or death	OUENCE OF  TO DEATH BLY  CLASTICH OPERATIO  DAY YEAR  19  ICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION STREET  21d that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN  22e. ADDRESS	200. AUTOPSY?  YES NOW  CITY OR TOWN  A TO CHARLES OF INJURY I	ODD. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  ON THE MISS PART LOR PART 2)  COUNTY STATE  ON HOTEL (I) (we) I ON HOTEL (II) (we) I ON HOTEL (III) (WE) I ON HOTEL (IIII) (WE) I ON HOTEL (IIIII) (WE) I ON HOTEL (IIIIII) (WE) I ON HOTEL (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

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		REGISTRAR CUMBERL	AND, MD 21502	CERTIFICATE OF DEATH	2a. DATE OF DEATH MONTH / DAY	YEAR 26 HOUR
sy be age 3 death	{TYPE	HELEN	MARIE	ALLEN	JUNE 7, 1986	8:58
ma)	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR IF UNDER 24 HR
age 4		female	white	02-25-1921	65 YRS	
dean. P	2	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUL	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY COUNTY	
12/12		Cumberland	SACRED HEART	HOSPITAL		17b. KIND OF BUSINESS OF INDUSTRY Hospital
d within 24 hou	130. 5	TATE 13b. COI	legany Cumb	R TOWN  Derland  13d. INSIDE CITY LIMITS?  YES  NO  15 MOTHER'S MAIDEN N  FIRST	130 STREET ADDRESS / Z1P CODE 426 Chestnut St AME Cecelia Becker	treet/21502
e execute		AS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIA	L SECURITY NO 17 INFORMANT	Address ed Allen, Cumberland	d. MD -husha
been signed by in mit. Then please prior to burial, critical, critical only injury, or other	CERTIFICATION	PART 2 OTHER SIGNIFICANT	AND WHELLERS	IC TO DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? 200 IF YES. W	IN PART I TO  VERE FINDINGS USED  VG CAUSES OF DEATH?
sing physician.  S certificate has bound-transit per Mental Hygiene in Item 18 shows	MEDICAL CERTIFI	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN 210 INJURY OCCURRED		H DAY YEAR  19  19  11 LOCATION	YES NOW YES YES REPORTED (ENTER NATURE OF INJURY IN ITEM 18 PART	NO N
TENDING PHYS	ME	22s.1 certify that (I) 15b. her show, (I) 1600 (did) 1600 above, (I) 1600 (did) 1600	gat home, street, factory,	from 4/24/16 10 80	city OR TOWN	that (I) (
spiral or STOR A for use of Healt		22k SIGNATURE	1//	DEGREE	MEDICAL STAFF	214. DATE SIGNED
O HOSPITAL OR ATTENDIN etained by the haspital or TO FUNERAL DIRECTOR A should be detached for use with the State Dept of Healt MPORTANT: If them 21 is ma		22d PHYSICIAN'S NAME (IVPI	E OR PRINT! BOUND	PHYSICIAN The ADDRESS BMG	, 912 SETON DRIVE BERLAND, MD 21502	97/16

-235-37-179

CACCULATION OF AN

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	3. SE	×
Feeth, Fuge 4.1 Feeth, Fuge 4.1 In 72 hours ofte	7a BI	RTHPLA
and the second	10 CI	TY OR
E 10 10 10 10 10 10 10 10 10 10 10 10 10	CU	MBE
ND 212	USU/ 13a. S	AL RES
ARVIA T within	14 FA	T.O
TIMORE, MARYLAND 21201  The executed within 24 hours  Thous 1 and within 24 hours  Thous 1 and white to be  Thous 2 hours		VAS DE
MALTIN Sicon		18 CA
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exceeded by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove carbon papers. Fager with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, at removal IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumment event, the medical	MEDICAL CERTIFICATION	Connegove cause under under under part 19a. D. 21a. A A OR CCC (HE & 21d. H A T WO) 22a. I sc.
O HC Pt Proving With the MPO I		1
F 5 F 7 7 2	23a P	URIAL

DHMH - 16 60M (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	0.	5 6	7 8
6		CEASED NAME	FIRST ATHRY		v ARAP		AST	20 DATE OF DEATH	MONTH DAY		2b. HOUR
9	3. SE		A 110 K 1	4 RACE WHITE	y ARAF	5. DATE C		6 AGE (IN YEARS LAST BIR	06 11 PTHOAY) # MOI		IF UNDER 24 HRS HOURS MIN.
2	(	RTHPLACE (STATE OR F COUNTRY) Ohio		USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY O	R COUNTY O		MD.
d	CUI	MBERLAND		MEMORI	AL HOSPIT	AL	PROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewi	F WORKING LIFE)	126. KIND OF INDUSTRY Own H	BUSINESS OR
85	13a. S	AL RESIDENCE (IF NURS STATE MD	136 COUN ALLE	ITY	13c. CITY OR TOWI		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 18 Helma	zip code n Driv	re / 2	1502
10	14 FA	Louis		arr P	racht		Elsa Elsa	ME	Whi	ite LAST	
/		VAS DECEASED EVER YES, NO OR (INKNOWN)		MED FORCES? E WAR OR OATES!	217-10-		17. INFORMANT  Mrs. Joan	Stewart		fton,	VA
ony injury, or other manimum	CATION	Conditions, if ony, gave rise to imm cause (o), statin underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERAT	which nediate g the last	DUE TO, OI	R AS A CONSEQUE  R AS A CONSEQUE  DITRIBUTING TO D  THE	NCE OF	NOT RELATED TO THE TERM  CINASE  N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, V	WERE FINDING	
9	MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING CITE EITHER, NOTIFY MEDIC	AUSE OF DE	il H	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	YES NO NO	YES		NO
TKed o	MED	21d. INJURY OCCURE  WHILE NOT WH AT WORK AT WOR		210 PLACE (	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
OKIANI: If fiem 21 is mo		220. I certify that (I) sow the decease obove (I) (we) (a	ed alive an light (did no ME (1941 o	1) view the body	-10 19 4	(	19 BS  Indication (my) (our) opinion operation	MEDICAL STA	FF	,	
lw.	(	Burial, CREMATION,	REMOVAL	23b. DATE	23c N	IAME OF C	Lawn Mem.	Lavale,	All	egany,	, MD''
7/84	24 FL	John J.	Hafe	er, Jr.	LaVal	e, M		E REC'D. BY REGISTRAR		AR'S SIGNATUI	

Tri-di-Will larg. John chaward - Grading Wi 

Modernia den 14,7986 Page Leve Man. Le elle. Clargent. Milled augenten. Milled augenten. Milled augenten den 18. Carte augenten des 18. C

24-1-4

	STATE	OF M	ARYL	AND			
DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE		
CERTIFICATE OF DEATH							

8	6	1	5	6	7	
	REG. NO.					

	1-	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYO	GIENE 8 6	5 6 7 9	)
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
			nnie Ann	Arl	ζ.	June 7. 1	986	M
	3. SEX	X	4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE	
		Female	White		ch 1. 1896	90 YRS		٧.
	Pa Bi	RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
ý		W.Va.	U.S.A.	WIDOW		Allegany		MD.
p	10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS C	_
	) ;	Frostburg	Frostburg	Nursing	Home	Homemaker	Own Home	
3	USUA	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
1	M			stburg	YES NO X	Midlothian	. Rt. 1. 215	1.
7	14 FA	ATHER'S NAME		TAST	15. MOTHER'S MAIDEN NA	ME		4.
-		George	S. Bolvan	-	Talitha		tcher	
1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS	M.G.III.E.I.	
	(,	No No	SIVE WAR OR DATES)	-36-4501	D Everett	H. Ark. Midle	othian. Md.	
1		18. CAUSE OF DEATH (Enter of	only one couse per line for (g		Taves com	He Alba, Pitter	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	н
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (b)	enal F	-anline -		many	
		THE STATE OF	DUE TO, OR AS A CO		0 1	, 1 1 5 5 6 6 A C A C A C A C A C A C A C A C A C		
		Canditions, if any, which	(b)	hypeti	u Sine to	& asculer Di Je	ase · Jens	
	1	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF				
		underlying couse lost.	(c)					
	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	SIVEN IN PART II a.	
	01	7 7 0 -0 -0 -0	he heart p	ilcure -	CHF. Ca	. ligh Breash	· old for	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPST: 200. IF 1	'ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?	
	RTIF					YES NO	YES NO	
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19				
	AED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
		AT WORK AT WORK						
		220 I certify that (I) (this has	/ / / /		12/10,1976		, 19 X , that (I) (we) la	o 5 †
			not) view the body ofter dept	19.36., o	nd that in (my) (our) apinion	death occurred on the date and h	our and from the causes stated	
		226. SIGNATURE	()/ ()		DEGREE	MEDICAL CTAFF	27. DATE SIGNED	
			o Jana	In.	AJTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	6/4/86	
		22d. PHYSICIAN'S NAME (TYPE		Management .	22e ADDRESS			
	,	S.L. Sand			48 Tarn T	errace, Frost	burg. Md.	
	230 B	URIAL, CREMATION, REMOVA	L 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		
		Pamiol	T 3 0 0 0	1 77	lance of Mana T	Thoathung	Mary land State	

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

Frostburg. Md. Durst Funeral Home.

750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

100 100 100 Julie Davidson Pender

Silcox-Merritt 404 Decatur St., Cumb., MD.

FOR

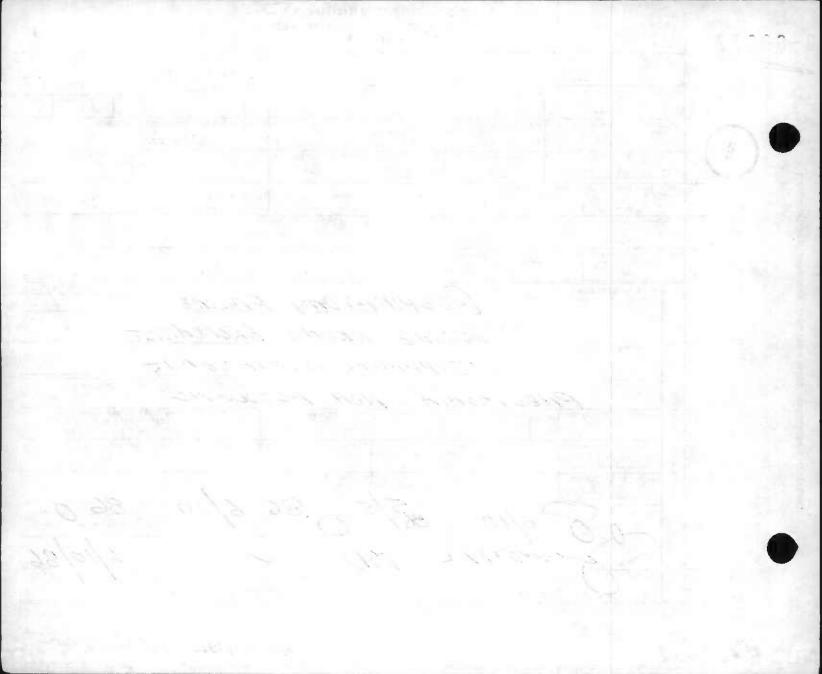
24 FUNERAL DIRECTOR

**DHMH-16 25M** 

(VRA 15, 4) 1/79

STATE OF MARYLAND

June 10, 1986 IF UNDER 1 YEAR IF UNDER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH Allegany 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home. Nelson ADDRESS W. Offutt St. Robert B. Bridges, Jr. Cumberland, MD. 21502 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ COUNTY STATE bur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE Mt. Savage Allegany MD. 250. DATE REC'D, BY REGISTRAR 25% PEGISTRAR'S SIGNATURES



## STATE OF MARYLAND

8	REG. NO.	1 -	5	6	8	
	REG. NO.					

FOR STATE REGISTRAR	D			8 0	1 5	6 8 1
CEASED NAME FIRST	WIDDLE		AST			R 26 HOUR
	A ET T	ם בו פו	MAN	THINE 20 1	006	4:40A.
X	4 RACE		OF BIRTH		THDAY) IF UNDER 1 Y	
MALE	WHITE	OGA	31~ 1908	77		AYS HOURS MI
PHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	MARRIE		P BALTIMORE CITY O	R COUNTY OF DEAT	н ,
TMRERI AND	(IF NOT IN SUCH FACILITY, GI	IVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF CLARENCE CONTROL OF	ON 12b. KIN	Prin MILI
AL RESIDENCE LIE NURSING HOME	OR OTHER INSTITUTION GIVE RESIDEN	NCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES MO	1'0115" CAROL	(NA CAVE., 2	6726 99
JOSEPH	WIDDLE	ELMAN	15. MOTHER'S MAIDEN NA	MIDDIE	RLY	NN
NAS TEASED EVER IN U.S.			GLADIS BEEM			
Conditions, il any, which gave rise to immediate couse (a), stoting the underlying couse lost.	(b) Preu	monecto	omy	0.		
10 . 16	,	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	Tito
6/12/86			. 41.	200 AUTOPSY? YES NO NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
OR CONTRIBUTING _ CAUSE OF	DEATH HOUR A.M. MON	- ~ ~	Fell at	RED (ENTER NATURE OF INJUIL	RY IN ITEM IB PART I OR PART	2)
21d. INJURY OCCURRED  NOT WHITE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY HOME		211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
22a I certify that (I) (this has		_190	nd that in (my) (our) opinion	death occurred an the de	. 19 ote and hour and Iram	, that (II (we) I the causes stated
sow the deceased glive oboys, (I) (we) (did (did 11), SCHATURE	not) view the bady after death		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAI	F	ATE AIGNED /8
oboye, (I) (we) (did (did	not) view the bady after death		ATTENDING	DIRECTOR PHYSIC	F	13/8
I A S	STATE REGISTRAR  EASED NAME FIRST OR PRINT!  MALE  PAPILACE (STATE OR FOREIGN OUN'RY) MARYLAND  TY OR TOWN OF DEATH  THER'S NAME  JOSEPH  18 CAUSE OF DEATH IENTER PART DEATH WAS CAU  IMMEDIATE  Conditions, il any, which gove rise to immediate couse [0], stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  OR CONTRIBUTING CAUSE OF INTERPRETATION  6 / 2 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8	THER'S NAME  JOSEPH  ASSED EVER IN U.S. ARMED FORCES? NOWN)  IS CAUSE OF DEATH IEnter only one couse per line for to PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE OF DEATH OF WAS A CO  Conditions, if any, which gove rise to immediate couse lost.  Conditions, if any, which gove rise to immediate couse lost.  Conditions, if any, which gove rise to immediate couse lost.  Conditions, if any, which gove rise to immediate couse lost.  CONDITIONS  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE CONCENTRATION FOR EVALUATION FOR EVALUATI	THER'S NAME  JOSEPH  TATE  THER'S NAME  JOSEPH  TATE  TO A COUNTRY IN THE STORY OF DEATH  TO CONTRIBUTION  CONTRIBUTION  TO RESIDENCE [IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  THER'S NAME  JOSEPH  MIDDLE  MIDDLE  MERCIAND  MEMORIAL HOSPITAL  THER'S NAME  JOSEPH  MIDDLE  MIDDLE  MIDDLE  MEMORIAL HOSPITAL  THER'S NAME  JOSEPH  MIDDLE  MEMORIAL HOSPITAL  THER'S NAME  JOSEPH  MIDDLE  MARRIE  WIDOWE RESIDENCE BEFORE ADMISSION)  1316. CULTY NO.  216-05-9726   MELLAND  MIDDLE  MARRIE  WIDOWE RESIDENCE BEFORE ADMISSION)  1317. CLITY OR.  MIDDLE  MARRIE  MARRIE  MIDDLE  MARRIE  MARRIE  MARRIE  MIDDLE  MARRIE  MARRIE	TEASED NAME  TEASED NAME  TO PRINT)  MALE  MTCHAFT.  A RACE  WHITE  WHITE  S. DATE OF BIRTH  OCHIN 31AY 1908  WIDOWED  TO REVER MARRIED  WIDOWED  TO REVER MARRIED  WIDOWED  TO REVER MARRIED  TO REVER MARRIED  WIDOWED  TO REVER MARRIED  TO WIDOWED  TO RESIDENCE STORE ADMISSION  13d. INSIDE CITY LIMITS?  WEST TO WIN  THER'S NAME  JOSEPH  MADDIE  BEHMAN  15. MOTHER'S MAIDEN NA  FINANDA  16. SOCIAL SECURITY NO.  17. INFORMANT  GLADIS  BEHMAN  18. CAUSE OF DEATH IETHER ONLY ON COURSE POR LINE FOR COLOR OF THE WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  WEST WIDOWED  TO RESIDENCE FOR MAISSION  17. INFORMANT  GLADIS  BEHMAN  18. CAUSE OF DEATH BUT NOT RELATED TO THE TERM  WORK AND THE WAS CAUSED BY:  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  WIDOWED  TO RESIDENCE FOR WAS UNDERWING  (b)  WE WAS CAUSE OF DEATH  WIDOWED  TO RESIDENCE FOR THE WAS CAUSED  TO REVER MARRIED  TO REVER MAR	TEASED NAME  FIRST  MICHAEL  ARCE  MILINE 29 1  A AGE (INTERNALSISHER)  MARRIED  ALLIEANN  TO RIOWN OF DEATH  TO ROTON OF TO ROTON OF DEATH  TO ROTON OF TO ROTON OF DEATH  TO ROTON OF TO ROT	CERTIFICATE OF DEATH  REGISTRAR  CERTIFICATE OF DEATH  REGISTRAR  CERTIFICATE OF DEATH  REGISTRAR  REGISTRAR  REGISTRAR  MICHAEL  MALE  MICHAEL  I BEEMAN  MICHAEL  I BEEMAN  MICHAEL  I BEEMAN  MICHAEL  MALE  MA

9-1997 96 60M 7/84 (vgb. 15. 4)

TO FUNERAL DIRECTOR. After this certificate has been signe should be detached for use or the furnishment permit. Then posit the State Dept. of Health and Memal Hygiere prior to burn

ATTENDING PHYSICIAN, The low

hed by the hospital or

TO HOSPITAL

WESTERNPORT, Mu. 01502

250. DAJE JC'DOY REGISPARIZED REGISTRAR'S SIGNATURE

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. m= //		CEASED NAME FIRST E OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH M	
Mos de original de		St	ella M Bittinger		6/9/86	11;50pm
mo mo	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAYS OF UNDER 1 YEAR OF UNDER 24 HRS
4 of		Female	White	6/28/05 YEAR	80	YRS.
2 42 3		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8 MARRIED MEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
# 0F 10		Mqtra	United States	WIDOWEL DIVORCED	Alleg. Co	. MD
8 24 8	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION		N 126 KIND OF BUSINESS OR NORKING LIFET INDUMEN HOME
5 1	F	rostburg	Frostburg Commu	nity Homenital	momemaker	MORKING LIFET INDUWN HOME
120	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)		211-20
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 es that the death centre consiste complete for the ottending the consiste complete for places remove contrappent together together the consistence of the ottending the consistence of the ottending for contract the medical examination of contract the medical examination.		state 136. CC	leq Lenaco	NN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	
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ARY I TOWN	5	WM . FIRST	MIDDLE Cutter LAST	Ida	WIDDLE	Green, LAST
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ORE SHE	160	MAS DECEASED EVER IN U.S.				1.17
WII A SE SI		140	one 214-42	-0370 Raymond B	ttinger Si	
BAL BAL	184	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line for (a), (b), a		6	BETWEEN ONSET AND DEATH
A digital			NATE CAUSE (o)	Lynn Listers ago	arren	
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deat deat	9 29	Conditions, if ony, which	DUE TO, OR AS A CONSEOU	and myours	The says	relia
the of the certification	100	gove rise to immediate couse (a), stating the	DUE TO OR AS A CONSEQU	JENCE OF COMING a	- , 1	
by by oth	13	underlying couse last.	(c)	Commend a	lay disans	7
20 rest	1.3	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	TION GIVEN IN PART 110
RDS,	N O	<b>医大型性动脉</b>				
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir cutter this certificate has been signosthe buriol-tronant permit. Then the and Mental of Hygiene prior to b orked or them 18 shows ony injury	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
L R E fo					YES NOT	IN CERTIFYING CAUSES OF DEATH?  YES \( \square\) NO \( \square\)
ATTA Sicione Consut Aygue 8 8 shg	1 8	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)
OF V	2	OR CONTRIBUTING CAUSE OF	and the second s			
VSIG ding s ce s ce s ce men men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	P.M.  71e. PLACE OF INJURY	19 211 LOCATION		
PH trengther the bond.	AE AE	WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TOW	N COUNTY STATE
DIV or or or or or o		AT WORK AT WORK	2010 00 1 101 1 17			10
Pol OR Hee		sow the deceased alive	ospitol) ottended the deceased from	, 19, 19, 19, ond that in (my) (our) opinion	death accurred on the dat	e and hour and from the course stated
ATT ATT OSPUT		obove, (I) (we) (did) (did	not) view the body after death.			
OR DEP	14	22b. SIGNATURE	11-8. D	DEGREE	MEDICAL STAFF	6-12-86
TAI y th			4 Cor.	PHYSICIAN	DIRECTOR PHYSICIA	
A Se E D	/	22d PHYSICIAN'S NAME ITY	PE OR PRINT!	22e ADDRESS		

6-12-86

Dr. J. Tan

23a BURIAL, CREMATION, REMOVAL

ISPEC Burial

24 FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR

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FUNE Sould be th the S BP DHMH - 16 60M 7/B4 (VRA 15, 4)

Eichhorn Funeral Home Lonaconing MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Frostburg Mem. Park Frostburg Allegany Md. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Lonaconing MD

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Frostburg MD

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## STATE OF MARYLAND

8	6 REG. NO.	1	5	0	8	
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1	- STATE REGISTRAR		DEPAKIN		FICATE OF DEATH	8 6	EG. NO.	5 5	8 3
	PECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DE	ATH MONTH D	DAY YEAR	2b HOUR p
	DA	ISY	MYKTLE	F	BILLER	June 1	5, 1986		2:40 M
1.5	EX	4. RACE		5. DATE		6 AGE (IN YEARS		IF UNDER 1 YEAR	
1	FEMALE	WHI	יחים	MONT		79	YRS.	MONTHS! DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	MBFR 8 1906		CITY OR COUNTY	OF DEATH	
	W. VA.	TICA			ED TO NEVER MARRIED	Alleg	anv		
10	CITY OR TOWN OF DEATH	USA 11. NAME OF		WIDOW	OR OTHER INSTITUTION	12a USUAL OCC		12h KIND	OF BUSINESS OR
5	Cumberland	(IF NOT IN SU Memo	rial Hosp	ital			MOST OF WORKING LIFE		
	UAL RESIDENCE (IF NURSING HOME STATE 13b CO		N, GIVE RESIDENCE BEFORE		1136. INSIDE CITY LIMITS?	A	RESS / ZIP CODE	021	1500
		LEGANY	CUMBERL		YESXX NO		TH SMALLW	OOD ST	REET
14.	FATHER'S NAME			***	15 MOTHER'S MAIDEN NA				
	ISSAC	MIDDLE	SEE		EMMA	MI	DDIE	ACH '	AST
160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	0.434	RITY NO.	17 INFORMANT		ADDRESS	11011	
	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES	216-22-6	470	MAXINE KNIGHT	r / 21 HEA	IDEDCOM A	VIE CIM	IDETOT ANTO M
H	18 CAUSE OF DEATH (Enter				MAXINE MIGH	1 421 1111	IDENSUN A		IDEICLAIND I'II
NO		(c)_ T CONDITIONS C	CONTRIBUTING TO (	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION GIVE	EN IN PART I	10
CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY	IN CERTIFY	, WERE FIND	INGS USED S OF DEATH?
		DEATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	71c. HOW INJURY OCCURE				
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	CII	TY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hose saw the deceased alive abave, (1) (we) (did) (did				nd that in (my) (aur) apinion	, ta death accurred on			, that (I) (we) last e causes stated
	22b. SIGNATURE	1				MEDICAL DIRECTOR	STAFF PHYSICIAN []		2 16,1986
	Dr. H. Merri				Memorial Ho Medical Bui	spital lding C	umberland		
23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c h	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATIO	N		
	(SPECIFY) BURIAL	JUNE 1	8 1986 ST	NSET	MEMORIAL PARK	CUMBER	LAND ALLE	GANY N	MARYT AND

DHMH - 16 60M 7/B4

BP.

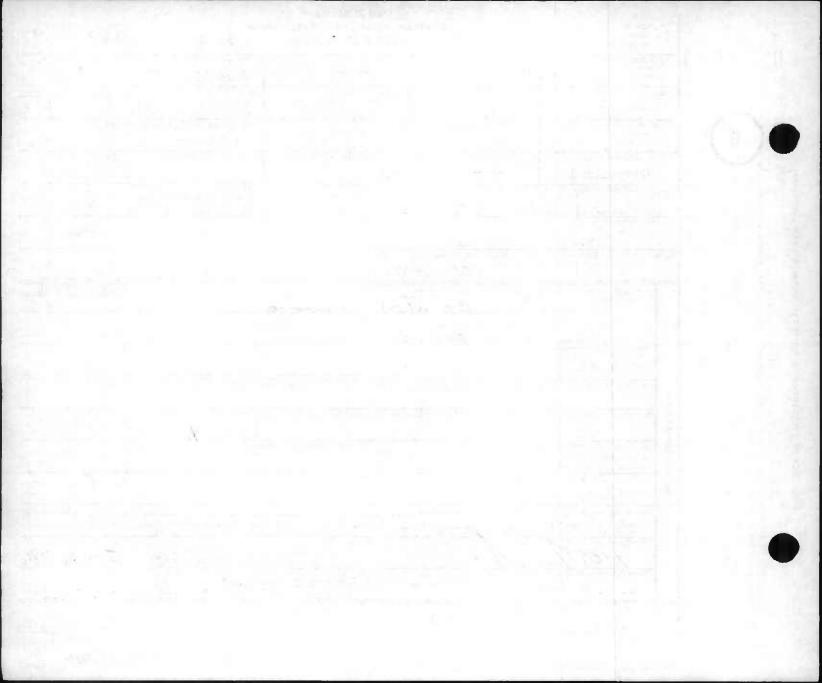
10 FLNERAL DIRECTOR. After the certificate has been signed by the ottending physician and can have be detected for use of the thank training permit. Then please remove carbon proper than the State Deat of Health and Mental Hygiene prior to buriol, cremation, or removal.

MEDITARY, If then 21 is marked at them 18 from any injury, or other troumatic event, the medical

(VRA 15, 4)

74 FUNERAL DIRECTOR
SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Nestamo Padata



1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	ā	greath	-	21	
REG. NO.	1	2	O.	Q	4
REG. NO.					

	REGISTRAR				CERTIF	TCATE OF DEATH	REG. N	40.	- "	-
	EASED NAME	FRST		WEOUT		CAST	2n. DATE OF DEATH		AV PLAN	78 HOURS: 55
Time o	M PRINT)	DIORA	M	ILDRED	BL	ACKER	June 18,	1986		P. M
1 SEX			4. RACE		5. DATE O	OF BIRTH	& AGE IN YEARS LAST BE		FUNDER   TEAR	IF UMDER 74 HRS. HOURS MAN.
	female	2	whi	te	02	2-17-1920	66		Warriors many	HOUSE MAN
	THPLACE (STATE C	A FOREIGN	71 CITIZEN OF USA	WHAT COUNTRY?	MARRE WIDOW	DIVORCED	* BALTIMORE CITY (			MD.
	ortownord umberland		(F NOT IN SUC	HOSPITAL, NURSIN HFACUITY, GWESTRIET MOT1al Ho	ADDRESSY	OR OTHER INSTITUTION	THE USUAL OCCUPAT	LION	12h KIND C	home
-	RESIDENCE IF M	ISMO HOME OF	OTHER INSTITUTION.	Cumber	ADMISSION) N	134 INSIDE CITY LIMITS? YES € NO □	134 STREET ADDRESS 723 Lafa	/ ZIP CODE	Avenue	/21502
4. FAT	HERS NAME HIST Wi		Hamilton	LAST		IS. MOTHER'S MAIDEN NAZ	me arl Nixon	.,	IA1	
	AS DECEASED EVE		MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
1.5	no	10 112.00	2 77.74.345 (27.14.3)	215-20-6	5350	Mr. Joseph B	. Blacker.	St. C	umber1	and. MD
RTIFICATION	N DATE OF OPER	GNIFICANT	CONDITIONS CO	HOUS CL	PD	NOT RELATED TO THE TERM HOWE US	ALOSTER DE	POEN OF YES	WERE FINDS	NGS USED
CAL CE	THE ACCIDENT WAS U OF CONTRIBUTING L OF EITHER HOTE FAC	DICAL CAMPE	HOUR A	m month / B'	Y YEAR	HE HOW INJURY OCCUR	RED ( sporter marrows or most	JAY IN THEM THE PA	AT 1 CHPARTS	
_	THE INJURY OCCU	NIA	(AT HOME, SIX		AUM, ETC I	TH LOCATION	MA COTOCO	Dwn .	COUNTY	STATE
	12n.1 certify that saw the decir above, (1) (wh) 17h. SIGNATURE	sed alive on		116 10		od that in (my) (our) opinion of	to 6/14 death occurred on the o	Sate and hour		
	A N	Drib	X	wh		ATTENDING PHYSICIAN E	DIRECTOR PHYSI	CIANTI	101	15/86
7	Dr.	Diener				77* ADDRESS Memori		1 Med.	Bldg.	, (
23s. BU	RIAL, CREMATION	N, HEMOVAL	73h DATE	23r. N	AME OF C	EMETERY OR CREMATORY	234 LOCATION Entrol town		COUNTY	STATE
11310	Buria	1	06-22	2-1986 D	avis	Memorial Cem.	Cumberla	nd Al	legany	

DHMH - 16 60M 7/84

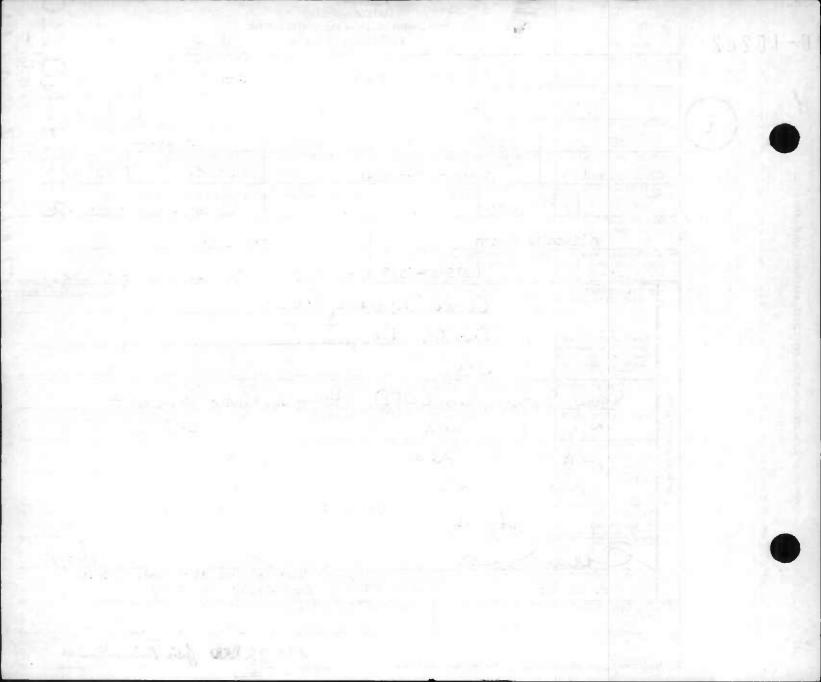
MPORTANT If Nem 21 is

(VRA 15, 4)

TO FUNERAL DIRECTOR shoold be detached to with the State Dept. of

74 FUNERAL DIRECTOR

James F. Scarpelli, Cumberland, MD 21502



DHMH-16 25M (VRA 15, 4) 1/79

-08892		FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6 1	5 0 8 5
eq 354041	_	Charle	s Edward	Bowers	June 4, 198	36 <sub>M</sub>
age 4 mages 4 mages 4 mages 4 mages 4 mages 4 mages 6	3. 5E	Male	White	Feb. 23, 1926		FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
deestin. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegany	
ours after	C	umberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Sacred Heart	G HOME OR OTHER INSTITUTION  DOA  DOA	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor	126 KIND OF BUSINESS OR
y filled ill	13n. [V	STATE IS COULANT ALL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c CITY OR TOWN	YES NO X	P.O. Box 154	/ 21557
xecuted will	C	colin C	Bowers	15 MOTHER'S MAIDEN NAME FIRST Alice	MIDDLE	nch LAST
ficate be exe ysician and copers. Pages 1 boval.		Yes WW	II 215-20-	-5446 Marie B. I	Bowers - same a	APPROXIMATE INTERVAL
quires that the death certinged by the attending phinglesse remove carbon painural, cremation, or reminity, or other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	HCUTE MYOCI	ARDIAL INFARCE	
The law re e has been so permit. Then ene prior to shows any i	CERTIFICATION	PART 2 OTHER SIGNIFICANT	# H/ bypan Su	EATH BUTNOT RELATED TO THE JERM  ACH CHE CONTRACT  OPERATION WAS PERFORMED	1200 AUTOPSY2 1201 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
PHYSIC g physic this cert arrial: tra Mental	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETTHER, NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	ATH HOUR AM. MONTH DA	Y YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI CITY OR TOWN	RT I OR PART 2)  COUNTY STATE
N S S S S S S S S S S S S S S S S S S S		220.1 certify that (I) (this hasp	ital) attended the deceased from		death occurred on the date and hour	9, that (I) (we) lost and from the causes stated
TO HOSPITAL OR ATTERETION OF TO FINE CTO Should be detached for us with the State Dept. of HIMPORTANT: If Item 21		224 PHYSICIAN'S NAME (TYPE O	Ranjithan MD	PHYSICIAN D	medical staff physician	perland, MD
BP	23a. (	BURIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY  The st Lawn Mem. Gar.	23d LOCATION	COUNTY STATE

Jun 7,1986 Rest Lawn Mem.Gar. LaVale, er, Jr. LaVale, MD JUN 9 1986 24 FUNERAL DIRECTOR John J. Hafer, Jr. LaVale, MD

aVale, Allegany, MD

BY REGISTRAR 250. REGISTRAR'S SIGNATURE

1986 Julia Jandson Marie

Meingland Land lest - IDA E Supervisor Subter

Colin of C. Bowers to Airce Landh

Vigeta 1, henditennell lenowhide 2 1. E.E. Collegell.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

TO FLINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely bould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shows the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

uneral director, page 3

n. Poge 4 may be

3. SE)	LAURE	INCE	NMI	S. DATE OF	RAUER	JUNE 15		7:40
3. SE/	Male	Whi	te	Oct.		52	YRS.	
	IRTHPLACE ISTATE OR FOREIGN COUNTRY!	7b. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED		R COUNTY OF DEATH	
C	Cumberland	SACRED	HEART H	DSPITA	OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12h KIN	of Business tail
M	N N	egany	GIVE RESIDENCE BEFORE	town	3d. INSIDE CITY LIMITS? YES 💹 NO 🗌		zip code Lxth Aveen	ue/215
	Ather's NAME Abraham		Brauer		Ruby	MIDDLE	Gins	burg
16a W	WAS DECEASED EVER IN U.S. ALL YES NO OR UNKNOWN) 1951	1972	311-32		Elaine A.	Brauer -	same as	above
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)								
	IMMEDIA	TE CAUSE (0)	R AS A CONSEQUE	ENCE OF 1				NE HO
ION		DUE TO, OI  DUE TO, OI  DUE TO, OI  CONDITIONS	R AS A CONSEQUI AS A CONSEQUI DNTRIBUTING TO	ENCE OF ENCE OF DEATH BUT N	20 intest	inal Hemo Liver	thage 3	theel Tio
RTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OI  CONDITIONS CO	R AS A CONSEQUIDAS A CONSEQUIDATRIBUTING TO I	ENCE OF  ENCE OF  ENCE OF  ODEATH BUT N  OPERATION  Hemo	Cirrhosis OTRELATED TO THE TER WAS PERFORMED OTTO THE TER	Livey MINAL DISEASE OR COM  200 AUTOPSY?  YES   NO	DITION GIVEN IN PART  20b. IF YES, WERE FIN IN CERTIFYING CAUSTYES	DINGS USED SES OF DEATH?
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, OI  DUE TO, OI  DUE TO, OI  CONDITIONS CO  196 CONDI  216, TIME O HOUR A.	R AS A CONSEQUIDAD AS A CONSEQUIDAT RIBUTING TO STRIBUTING	ENCE OF COLOR OPERATION  OPERATION  AY YEAR  19	Circhosis OT RELATED TO THE TER. WAS PERFORMED ON SHAPE 21C HOW INJURY OCCU	Livey MINAL DISEASE OR COM  200 AUTOPSY?  YES   NO	DITION GIVEN IN PART  20b. IF YES, WERE FIN IN CERTIFYING CAUSTYES	DINGS USED SES OF DEATH?
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OI  DUE TO, OI  LC)  CONDITIONS CO  19b CON	R AS A CONSEQUIDAD AS A CONSEQUIDAD TRIBUTING TO STRIBUTING TO STRIBUTIN	ENCE OF ENCE OF OPERATION  OPERATION  AY YEAR  19	Cirrhosis OTRELATED TO THE TER WAS PERFORMED OTTO THE TER	Livey MINAL DISEASE OR COM  200 AUTOPSY?  YES   NO	DITION GIVEN IN PART  20b. IF YES, WERE FIN IN CERTIFYING CAUSTY YES THE STATE OF PART	DINGS USED SES OF DEATH?
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO REGISTRAR 20 DATE KNOWN I. DECEASED NAME 7b. HOUR (TYPE OR PRINT) OF ESTI-UNERAL DIRECTOR.

5 FOR YOUR FILES.

D. WITHIN 72 HOURS

W. PRESTON STREET, DEATH MATED Robert 6-28 1986 Brennan. White DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. TIF UNDER 24 HRS DATE 11:00 Male PRONOUNCED Aug. 1955 1986 DEAD 6-28 p. M BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U. S. A. Allegany County, WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) LaVale Md. Rt. 40 west of LaVale, Md. Laborer Constuction Allegany Barton 13d INSIDE CITY LIMITS? Beans Rd Barton Md. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Brennan Sr. Betty Broadwater Robert 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) Betty Brennan Barton Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Blunt Trauma to Chest IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XXX MONTH DAY YEAR UNDERLYING XXX OR 6-28 19 86 CONTRIBUTING CAUSE OF DEATH 10:50RM occupant ejected from truck that went down 2 If LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. an embankment STREET, FACTORY, FARM, ETC.) WHILE AT WORK highway 40 west of LaVale, Allegany County, Md. Autopsy XX 220. I certify that I took charge of the remains described above, held on Inspection Accident XX death resulted from: Undetermined manner Natural causes Suicide Hamicide \_\_\_ TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6-29-86 SIGNATUR EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) THE BURIAL CREMATION, REMOVAL THE DATE 23d LOCATION NAME OF CEMETERY OR CREMATORY Barton St. Gabriels Allegany Md. 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Trelia Devideon Mandelle DHMH - 17 Service Westernport Md. (VR A15 ME (5))

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or Item 18 shows any injury, or other troumotic event,

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DEADLE		for a con-			

	1. DEC	CEASED NAME FIRST	1	MIDDLE	Li	AST	20. DATE OF D	EATH MONTH	DAY YEA	R 2b H	OUR
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	3. SE)	FLOREN	4. RACE	ORENCE	5. DATE O	UNNER	JUNE 28		IF UNDER 1 Y		DER 24 HRS
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9		. Va.		USA	WIDOWE			Alle	gany		MD.
1	)0 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OC			D OF BUSI	NESSOR
1	CT	JMBERLAND	100	H FACILITY, GIVE STREET		VEDTOAT CENTER	Amond	OR MOST OF WORKING		L Est	ate
7	USUA	AL RESIDENCE (IF NURSING HOME,OR				MEDICAL CENTE			1	11 11	11/1/1
2	13a S	Va. Na.	neral	Ridgele;	y	13d. INSIDE CITY LIMITS? YES NOX	Route	l, Box	18 2	37537	79
Я	14 FA	THER'S NAME	A IDOLF	LAST		15. MOTHER'S MAIDEN N		164			
/		Jesse Who	etzel	LASI		FIRST Max	cy Swick	MIDDLE		LAST	
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS			
3	(1	NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	010 1/ 7	007	Mr. John W.	Runner	Ridgel	OV W. T	Ja Hu	ehand
1				219-14-7	09 /	III. OOMI H.	Dunier	MIUBELI			
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (o), (b), one	d (c).				BETW	ROXIMATE IN EEN ONSET A	ND DEATH
			E CAUSE (a)	ML							
			DUE TO O	R AS A CONSEQUE	ENCE OF						
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	7	PART 2 OTHER SIGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE C	R CONDITION (	GIVEN IN PAR	Tio	
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	IF						YES 🗇 N		YES T	NO	
1	ER	21g. ACCIDENT WAS UNDERLYING	1 21b. TIME O	F INJURY		21c HOW INJURY OCCUI				21	
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR						
	Q.	(IF EITHER NOTIFY MEDICAL EXAMINER			19						
	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM. ETC.)	21f LOCATION STREET		ITY OR TOWN	COUNTY		STATE
	~	AT WORK NOT WHILE									
		220.1 certify that (I) (this hospi	tal) attended th	e deceosed from_			, to		. 19	, that {I	(we) lost
		sow the deceased alive on		19	. on	nd that in (my) (our) opinion	deoth occurred o	on the dote and h	nour and from	the couses	stoted
		obove, (I) (we) (did) (did no 22b, SIGNATURE	t) view the body	offer deoth.		DEGREE			22c D	ATE SIGNE	D
		1/PIN/	/			ATTENDING	_ MEDICAL _	STAFF			
		PV feer	h				DIRECTOR		TVV T T	X T X IZZ	
		22d. PHYSICIAN'S NAME (TYPE C	R PRINT)			22MEMORIAL HO		MEDICAL		TING	
		DR. H. C. MERI	RTCK			CUMBERLAND,	MARYLAN	D 21.	502		
	23a. B	SURIAL, CREMATION, REMOVAL		23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATI	ON			
	. (	Se Burial	7-1-1	.986 S	unset	Memorial Par	k Cumb	perland,	Md 2	1502	STATE
		JNERAL DIRECTOR	1				ATE REC'D. BY REC				
	4776	- NAME		ADDRESS		250 07	THE REC D. OF REC	TO WITH THE REG	INAN 3310	TATORE	

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicial should be detached for use as the build-transit permit. Then please remove carbonpapers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is morked DHMH - 16 60M 7/B4 (VRA 15, 4)

James F. Scarpelli, Cumberland, Md. 21502

JUL 02 1988 Julia Troison Rudges

The state of the s yalo H. Ferrall Mr. R In this paint Marie Company of the Company of the

07/84 25M

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		FOR STATE				DEPART	MENT OF H	EALTH	ANDM	ENTAL	HYGIEN	3		2	j.on	4 8	()		
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26243	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:												BETWEEN ONSET AND DE						
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THIN 2													20.00						
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금드 [ 의표 ]	CERTIFICATION	19a. DATE O	F OPERATIO	N	19b. CONDI	TION FOR	WHICH OPERA	V MOITA	AS PERFO	RMED?		- 37			3-1	20 AUTOPS	Y?		
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PAGE A	EXAMINER'S NAME TYPE OR PRINT) Paul Snow, M.D. ADDRESS Memorial Hospit							tal	C	umber	rland								
DXADA8 _	THE BURIAL CREMATION REMOVAL 73h DATE TO NAME OF CEMETERY OR CREMATORY THE CONTROL OF CO							COUNTY		STATE									
BP	Burial 6-24-86 Graanmount Com Cumberland All																		
DHMH - 17	24 FUNERAL DIRECTOR Cumber Land. md. 21502   250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNAT																		
(VR A15 ME (5))	Le	easure					ltimor	e A	ve.	J	JN 26	198	5 7	المالية راور	n.l. argen				



STATE OF MARYLAND 1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CEKIII	ICAILO	PULAIN	0	REG.	NO.			
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3.5EX	ALVA	RACE	LIMBEAL	5. DATE O	OF BIRTH	, 01.		IN YEARS LAST		IF UNDER 1 YE		DER 24 HRS
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10 CITY OR TOWN OF DE	EATH 11		F HOSPITAL, NURSIN	IG HOME			12a USU	AL OCCUPA	MOITA		D OF BUSIN	
CUMBERLAND	M	EMOR 1	SUCH FACILITY, GIVE STREET				Ret	Sq1	T OF WORKING	jor U		m vz
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14 FATHER'S NAME			PICGI VI	770		ER'S MAIDEN NA	-	11 3	, DOX	14 I.	3333	
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160 WAS DECEASED EVE				_	17 INFOR				RESS	Nd.	nual	1
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			309=03=0	359	l Hai	querri	е ву	ers,	CTEG			
PART I. DEATH	<b>ITH</b> (Enter only o WAS CAUSED B	ne cause p Y:	per line for (a), (b), and		luce					BETWE	COXIMATE INT EN ONSET AN	ND DEATH
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5 190 DATE OF OPER	ATION	196. CON	VDITION FOR WHICH	OPERATIO	N WAS PER	REORMED	20a AL	JTOPSY?		'ES, WERE FIN		
ST FE							YES [	] NOX	/	YES [	NO	
21a, ACCIDENT WAS U		21b. TIME HOUR	OF INJURY A.M. MONTH DA	AV VEAD	21c. HOW	INJURY OCCUP	RRED (ENTER	NATURE OF IN	JURY IN ITEM 1	B PART I OR PART	2)	
OR CONTRIBUTING (IF EITHER NOTIFY MEE	,		P.M.	19								
21d INJURY OCCU	RRED		E OF INJURY		211. LOCA	TION		CITY OR	TOWN	COUNTY		STATE
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220 I certify that (	I) (this hospitol)	ottended	the deceased fram_		6/13	1986	, to	to	125	, 1986	_, that (l)	(we) last
saw the decea	sed alive an	41-1-	6/15 19	C.0	nd that in (n	ny) (aur) apinion	death occu	rred on the	date and h	our and fram t	the causes	stated
226. SIGNATURE	(did) (did gat) vi	ne bo	dyaner death		DEGREE		/			22c. DA	ATE SIGNE	7
	10	li	UN	/	40	ATTENDING PHYSICIAN	MEDICA	AL ST	AFF	61	25/	76
22d. PHYSICIAN'S I	IAME OFFICER	(New Yorks)			22e 1990	WRIAL H			2161013	1	1	
DR. HALMO	S					BERLAND,			215	502		
23a BURIAL, CREMATION		3b. DATE	[23c N	NAME OF C		OR CREMATORY		CATION				
(SPECIFY)								ITY OR TOWN		Arlin	gton	Va.
Burial 24 FUNERAL DIRECTOR		uun.	30,19864	run	gton	Nat /	Carlon A	KILDE	GTOD.	STRAP'S SIGN	70	

(VRA 15, 4)

William G. Kight Cumberland, MD

Nale Feb. 5, 1917 69
Mich. USA Allegany
Let. Sqt. Major US Anny
Pa. Bedford Clearville X St. # 3, Box 12 155535

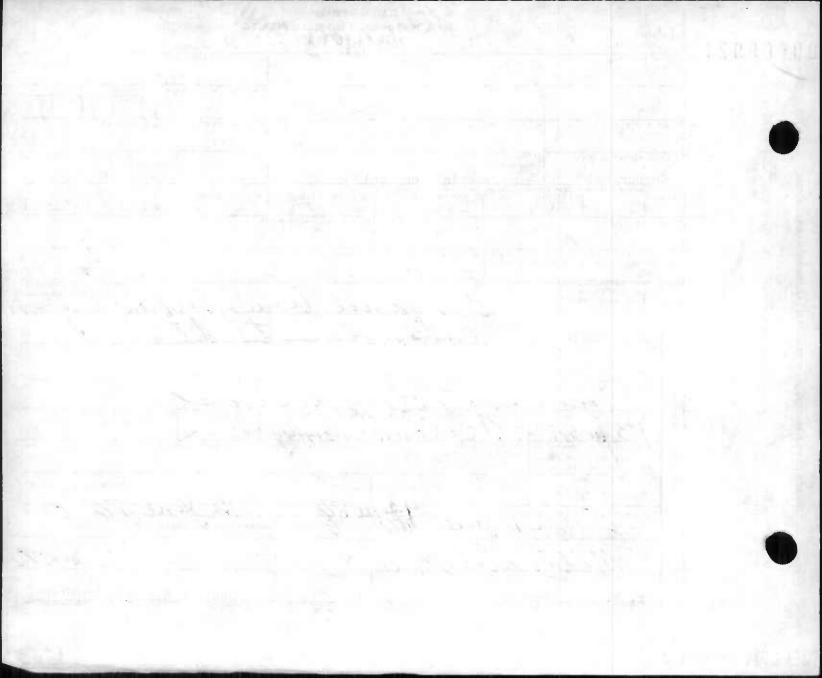
Alva L. Byers, Sr. Charlotte A Randall

Yes WWII, KoreanVietn. Marquerite Byers, Clearville, Pa.

Junial Jun. 30, 1986 rlington Mat. Com .rlington Vo.

will am G. Kight Cumberland, MD

STATE OF MARYLAND



MARYLAND 21201	7
., BALTIMORE,	
201 W. PRESTON ST., 8	
S, 201 W	
IL RECORDS,	
N OF VITA	
DIVISION	
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ATTENDING PHYSICIAN. The low requires that the death certificate be execut

TO HOSPITAL OK ATTENDING PHYSICIAN. The retained by the hospital or attending physician.

BP. DHMH - 16 60M 7 (VRA 15, 4)

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100	(ITPE	E OR PRINT)	EAH	AMA	VD A	COL	LINS	ILINIC 16	1000		6.00
	3 SE		PV1.1	4 RACE	NDA		OF BIRTH	JUNE 16.		IF UNDER I YEAR	6:09
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اسسر ن		IRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	DXX NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
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15	12- 0	AL RESIDENCE (IF NUR STATE MARYLAND	13b COUN		132 CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS RFD# 3 BOX		FDFORD	ROAD
14	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	1/4 1)	LAS	-10110
1/0	GEORGE			Bl	ENNETT		AMANDA		WIL		
medicol	16a V	WAS DECEASED EVER	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)		er.		ADDR		T ANTE AM		
H H	NO			217-10-6791 GRANVILL			KERAMUTTIE COT	COLLINS RFD#3CHMBERLANROMB.			
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HINDE SET DECK ORSE TO DIVIDE UP And the state of t

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within, 24 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furrism. director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.	STANT: If Hen 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examiner have be nothed in other
	TO HOSPIT	TO FUNER should be with the St	IMPORTAN

			HORN FUNERA		E OF MARYLAND	MINING ALL STREET		
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ge 4 may	3 SE	emale	* RACE White	5. DATE O	26, 1902	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24		
leoth. Fo	70 B	RTHPLACE (STATE OR FOREIG COUNTRY) Md	76 CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED	ALLEGANY		
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Inmore,	160 N	MAS DECEASED EVER IN U MOOR UNKNOWN)	S. ARMED FORCES?  One war or dates)	166 SOCIAL SECURITY NO. 214-07-6036	Wrs. Teres	a McKenzie Rt burg Md 2153	2, Box534,	
DS, 201 W. PRESTON ST quires that the death certi- signed by the ottending p hen please remave carbon to burial, cremation, or ren jury, or other traumatic ev	NO	Conditions, if ony, whi gave rise to immedia cause (a), stating t	ich (b)	OR AS A CONSEQUENCE OF	NOT RELATED TO THE TER	MIN AL DISEASE OR CONDITION GI	25 yll	
AL RECORD The low requirements to been so the priority of the	MEDICAL CERTIFICATION	19a DATE OF OPERATION		DITION FOR WHICH OPERATIO		YES NO NO	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ESNO	
SION OF VITA PHYSICIAN; T his certificate this certificate the buriol-trans and Mentol Hygi d or Item 18 sh		216, ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE  (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A	.M. MONTH DAY YEAR .M. 19		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
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TAL OR by the ho by the ho detocher tote Dep		224 PHYSICIAN'S NAME (TYPE OR PRINT)			DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN			
TO HOSPITAL retained by the TO FUNERAL I should be deto with the State I		DR. DONALD	MANGER			STREET LONACONI	NG, MD 21539	
BP		BURIAD CREMATION, REMI		· VI	ys ceneter			
DHMH - 16 60M 7/84 (VRA 15, 4)			eral Home	e, Lonaconing		TE REC'D. BY REGISTRAR 256. REGISTAL 256. RE	TRAR'S SIGNATURE	

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acked or liest. Behave one injury, or other troumotic event, the medical ex

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	REC. NO.	1	5	6	9	2
	D. M MAR .		7.77			_

	REGISTRAR			4611111	I CALL OI	PERMIT	~	REG. NO.	4		
	CEASED NAME FIRST CHARLE		LIAM	DAV	VIS		20. DATE OF	DEATH MO	1986	Y YEAR	26 HOGR 20
3. SE)		4 RACE		5. DATE C			6 AGE (IN YE			UNDER I YEAR	a.,
J. 3L	Male	White	2	MONTH 1	DAY	12	7			INTHS DAYS	
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIEI	D NEVER		9 BALTIMOI	_		FDEATH	
	W. Virginia TY OR TOWN OF DEATH		S.	WIDOWE		VORCED	Alleg				JM.
	umberland	(IF NOT IN SUC	HFACILITY, GIVE STREET  al Hospi	ADDRESS)	K OTHEK INS	HUHON		FOR MOST OF W			of BUSINESS OR
13a. S	Md. Al		GIVE RESIDENCE BEFORE 13t. CITY OR TOW Cresapt	/N	13d. INSIDE C	NO 🗌		DDRESS / Z		s Ave	e. 2150
14. FA	Charles	WIDDLE	Davis	5		s MAIDEN NA/ rtha	ME	WIDDLE	Н	inkl <sup>'</sup> é	251
()	VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YE	ARMED FORCES? S, GIVE WAR OR DATES]	166 SOCIAL SECU 214-07-		Mr.	Gharle	47 s R.	ADDRESS Davis	AL.	nol3 yser,	St. , W. Va
z	Conditions, if ony, which gove rise to immediate couse (o), starting the underlying couse lost PART 2. OTHER SIGNIFICA	DUE TO, OF	001	DE ATH BUT	//	- /	. /.	- //	TION GIVEN	100 -	
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MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM ETC )	21f. LOCATION STREET			CITY OR TOWN	1	COUNTY	STATE
	276. I certify that (I) (this h sow the deceased oliv above (I) we (did) (276. SIGNATURE			, or	DEGREE	., 19 (our) opinion of			ond hour c	and from the	that (I) (we) los e couses stated E SIGNED
	22d PHYSICIAN'S NAME (T Dr. Ranjitha	-				S Memori		pital	Medic	al By	ilding
23¢ B	URIAL, CREMATION, REMO	VAL 23b. DATE	23c 1	NAME OF C	EMETERY OR	CREMATORY	23d LOCA	TION			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept of Health MPORTANT, If hem 21 is m

Anatomy Board

Removal

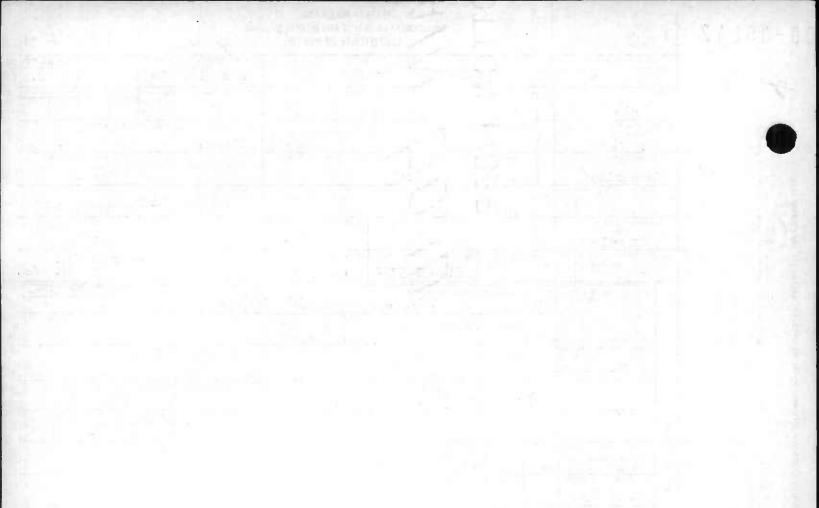
24 FUNERAL DIRECTOR

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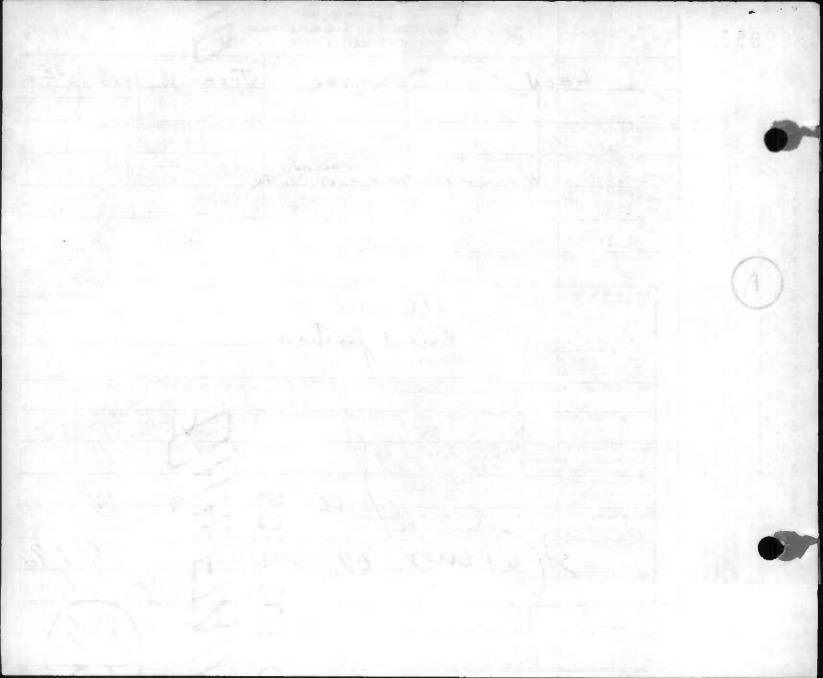
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Balto..

250 JUNE TO BY 1986 PAR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Wishard 5. DATE OF BIRTH 6. AGE | IN YEARS LAST BIRTHDAY } MONTH April 22 1905 81 White Male 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Allegany County Maryland USA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ( UMBERLAND) 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RSING + CONVALESCENT CENTER Fairchild Ind. Electrical Cumberland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21502 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Allegany 406 Park St. Cumberland, Md. Maryland Cumberland YES K NO F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Delauter Pearl Pryor ADDRESS 21722 17. INFORMANT Friend Clear 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Rt.1 Box 218 Spring, Md. 214-09-4949 Jerrold Oaks APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES NO [ 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY TIL HOW INJURY OCCURRED | UNITER NATURE OF HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M. 21d, INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ATREET. NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended and that in (my) (our) opinion death occurred on the date and haur and fram the couses stated sow the deceased alive an abave, (I) (we) (did) (dic 4a 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 226 ADDRESS 22d PHYSICIAN'S NAME TYPE OF PRIN 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) 6-19-1986 Mt. Bethel Cem. Burial Garfield Frederick Md. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a DATE REC'D DHMH - 16 50M 4/82 Cumberland, Md &DDRESS 21502 Leasure-Stein Inc. 230 Baltimore Ave. (VRA 15, 4)



. n=		CEASED NAME FIRST	MIDD	-	LASI		20. DATE OF DEA	IH MONTH D	AY YEAR	26. HOUR
40.0		WILLIAM		4		R.	JUNE	15, 1986		01:00
	1 SE	X	4. RACE	5.	DATE OF BIRTH	AY YEAR	6. AGE (IN YEARS L		ONTHS DATS	HOURS MH
		Male	White		Jan. 2	1921	65	YRS		
( Bd-	Ju. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY? 8	MARRIED X NE	VER MARRIED	9. BALTIMORE C	TY OR COUNTY	OF DEATH	
( Z	M	aryland	U.S.A.	w	IDOWED [	DIVORCED	ALLEGA	MY COUNT	ry	
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2 8 7		VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY	YNO. 17 INFO	RMANT	A	DDRESS		
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100		Canditians, if any, which	1 101	ereo	lace	My	MIL	ou.		
4111		gave rise to immediate cause (a), stating the	DUE TO OR AS	A CONSEQUENC	FOF /	00	1/4	20.0		
40 0		underlying cause last	1 /1	MA Ma	24 10	reig	AUL	are		
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	王						YES TO NO	4000	ING CAUSES	OF DEATH?
1165	CERT	71a ACCIDENT WAS UNDERLYING	7 21b. TIME OF IN	IIIIPV	1216 HO	W INJURY OCCURE		**		NO []
		OR CONTRIBUTING CAUSE OF DE	110000	MONTH DAY	YEAR	W WYJORT OCCORP	(ENIER NATURE C	PENDET IN HEM IS PA	INTI OR PART 2)	
1011/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19					
1821	9	21d. INJURY OCCURRED	21e. PLACE OF I	NJURY FACTORY OFFICE FARM	21f. LOC	STREET	↑ city	ORTOWN	COUNTY	STATE
404	2	AT WORK AT WORK	1	m	1 3	1 0-	1 ().		01	/ ~
4 1 1 E		22s I certify that the this hosp	all attended the de	acepsed from	end	6 1907	)_ to 18/18	415	900	that (1 (we)
5 2 5 5		sow the dampy d live of	MALI	-	2, and that in	(my) (aur) apinian	death occurred an	the date and haur	and from the	causes stated
DE TE		The Spell of the	I view the body after	er death.	DEGREE		-		226 DATE	
666		11.00	2/2/. 4	1-16	) Ma	ATENDING	MEDICAL	STAFF	THE DAIL	3101420
苦春春年	1	Mary	My	wy	1101		MEDICAL DIRECTOR P	HYSICIAN [		
型 3 5 2 /		2NOTHYSICIANS NAME ON	Streets /	0	22e AD					
2 8 # 0 /		DR. CHAI	NG SIM		4	8 TARN TE	RRACE FR	OSTBURG,	MD 215	532
5533	230	BURIAL, CREMA ION NEMOVAL	16th DATE	Z3c NAA		OR CREMATORY	23d, LOCATION			
		Burial	June 1				CITY OR TO		A 7 7 AC	any state
	24 5	UNERAL DIRECTOR	ouro L	F-OQ III	ostoure	Mem. P	E REC'D. BY REGIS		Alleg	
16 60M 7/84	24.	NAME		ADDRESS					-	
RA 15, 4)		Durst Funera	1 Home,	Frostbu	irg. Md	. JUN	1 9 1986	Julia Da	ndon R	molality.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8 REGNO.

DURST FUNERAL HOME

FROSTBURG, MD. 21532

57 FROST AVENUE

1 - FOR STATE REGISTRAR

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ATTENDING PHYSICIAN: The low

	1.05	REGISTRAR			MIDDLE		FICATE OF DEATH	O REONO	D. 8	DAY YEAR	0 7
		CEASED NAME E OR PRINT)	EMORY		T.	FI		20 DATE OF DEATH	6/14/		26 HOU
	3. SE	Х		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY)	IF UNDER I YEAR	IF UNDER
	-	Male		Cau		Ma	rch 18 1940	46	YRS	MONTHS DAYS	HOURS
DE		IRTHPLACE (STAT	E OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY	? 8.	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
0	1	WV		U.S	. A.	WIDOW		ALLEGAN	1Y		
3	)0, C	ITY OR TOWN OF	DEATH		F HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND C	OF BUSINE
Do	1	Cumberla	and		ED HEART		TAL		Y YOUR ING EN	INDUSTRI	===
2/1	15U 13a	AL RESIDENCE (F	NURSING HOME OR	OTHER INSTITUTIO	HIS CITY OR TOV		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	7IP CODE	49	144
20	1	WV	1 10	neral	Keyse		YES X NO	103 N. Wate			2672
9/1/	# E	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	CT.
1900	1	Herma		N.	Fike		Eliza	Model			tzer
0		WAS DECEASED E		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		er, W
5		No	(IF YES, GIV	- WAR OR DATES)	232-62-	7266	David A. Fike	Rt 1 Box 1	92-B-		
the		18 CAUSE OF D	EATH (Enter on	ly one cause p	er line for (a), ( o	nd ight a	21	0		APPROX	MATE INTER
raumatic eve		Conditions, if	any, which	DUE TO, (b)	OR AS A CONSEOL	JENCE OF	Sumon	y war	ono		
ather traumatic eve		Conditions, if gave rise to couse (a), s	any, which immediate itating the	DUE TO,	OR AS A CONSEOU		Summon (	y Carcin	ono		
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DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR
NAME

A. Craig Rotruck 85 S. Main St. Keyser, WV

JUN 2.0 1986 Julia Scrider Palace

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	ENERGY AL			Mich		T.		isher	DE	ATH MATED	6/ 16	/ 19 86	
7	A PROCESS	Me.		White	5. DATE OF BIRT MONTH DA	Y YEAR LAST B	IN YEARS IF UN		MIN. PRO	DATE NOUNCED DEAD	6/ <b>16</b>	/ 19 86	4 HOL
0	PESSI PESSI	FC	RTHPLACE (STATERING COUNTRY)  Larylan		76. CITIZEN OF	WHAT COUNTRY?	* MARR	IED NEVER MA	ARRIED A	Allegany	OR COUNTY O	F DEATH	
	PAGE S		ry or town or Cumber]	FDEATH	11. NAME OF H	OSPITAL, NURSING HAFACILITY, GIVE STREET ADDRIVED HO	ESS)	ER INSTITUTION	120 USUAL C	CCUPATION (TYP	E OF WORK 12b	or industr	SA
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	OST SORT		VAS DECEASED I		RMED FORCES? E WAR OR DATES)	16b. SOCIAL SEC		17. INFORMANT		ADDRESS			
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	FEW 18. SNG W ERMIT. BNE. D	16	18 CAUSE OF PARTIDEA	TH WAS CAUSI	ED BY: ATE CAUSE (a)	ine for (a), (b), and (c) Coronai	ry Ins	ufficie	-		ophic 8	APPROXIMATE	
-	TED WITHIN 2 APPLICE IN II CAMINER AU L. TRANSIT F MENTAL HYG	1	gove rise	of ony, which to immediate toting the under last.	(b)	OR AS A CONSEQUEN		Cardio	nyopath	Y			
	UD BE DECU TPENDING: IF F MEDICAL E ED AS A BURN HEATH AND AL CREMATION	NO.	PART 2 OTHER SIGN	IFICANT CONDITION	( (c) S CONTRIBUTING TO DEA	<u>ith</u> but not related to the	TERMINAL DISEAS	E OR CONDITION GIVEN II	N PART 1 to				
	STOUR CORP. NO. 1	CERTIFICATION	190 DATE OF O			DITION FOR WHICH O	PERATION W	'AS PERFORMED?			20	YES X	NO 🗌
	PANE DAS		210 EXTERNAL UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH P	P.M. 19	YEAR	OW INJURY OCCUI	RRED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)		
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	EXAMINER: T TERTIFICATE, JLD BE FORM DIRECTOR: P WITH THE ST NARYLAND, 2		death resulted		ge of the reproins o	described obove, held	Suicide	, Homicide TITLE (SPECIFY	Undetermin	18.33	id in my opinior	1	
	TO MEDICAL EXECUTE THE PAGE 4 SHOI TO FUNERAL AFER DEATH BARTINOPE		ACTUAL SIGNATURE EXAMINER'S N. (TYPE OR PRINT	) GLE		Kauffman,	M.D.	<sub>.D.</sub> <u>Assista</u> ADDRESS	111 Pen	n St.	DATE SIGNED_	6/17	1/86
	V3 11	23e.B	URIAL, CREMATIC					R CREMATORY	23d. LOCATI	tburg,	A 7 COUNTY	O NOT	W.d.
07/E 25M		24 F	Bur:	OR		86 Frost			TE REC'D AVREO	STRAR 256 REC	WITT OR	ATAIRE .	1104
	DHMH - 17 (VR A15 ME (5))		Durst	Funera	al Home	Frostbu	urg, M	d. JUN	24 LOS	Julia Da	arderno Ka	MARKE	

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DHMH-16 60M 1/73 (VR A 15 (4))

23a. BURIAL, CREMAT (SPECIFY)

BURIAL

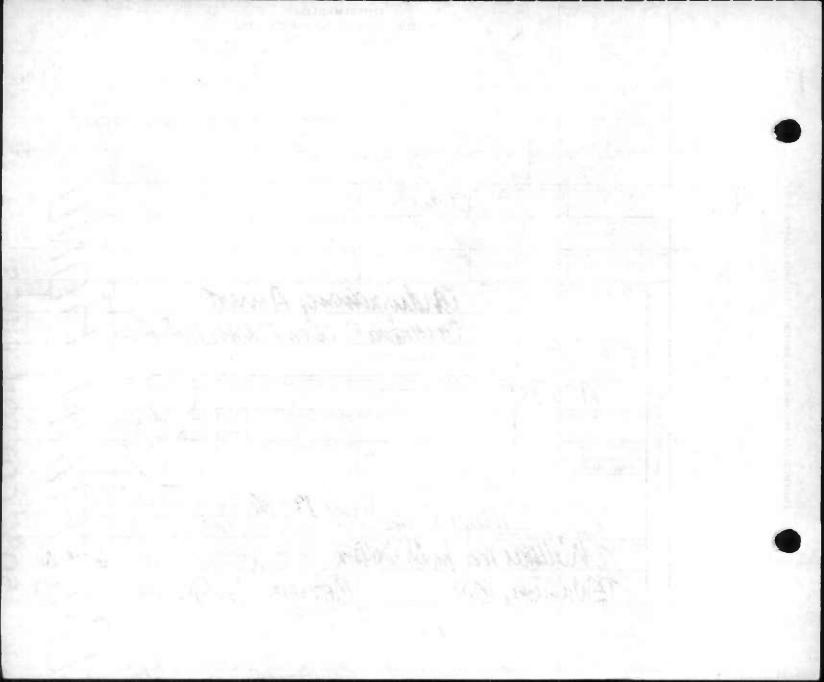
24 FUNERAL DIRECTOR

MEMORIAL.

STATE OF MARYLAND

CUMBERLAND 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MARYLAND



# E E E E E E E E E E E E E E E E E E E		CEASED NAME FIRST THOMAS	BLAINE	FOLK	JUNE 17, 1986	DAY YEAR 26 HOU 13:5
of the d	3. SE	MALE	4 RACE WHITE	5. DATE OF BIRTH  ***********************************	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS
233			U.S.A.		4	NTY OF DEATH
50	10. C	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION EET ADDRESS)	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
35	U5U 13a	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) OWN 13d INSIDE CITY LIMITS	130.STREET ADDRESS / ZIP CO RT . 2 BOX 16	ODE 21532
010	14. 93		R. FO	15 MOTHER'S MAIDEN	NAME	BÖWSEF
1 1 1 1	160 \	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 217-01-	CURITY NO. 17 INFORMANT	FROSTBURG	,MD 21532
popers nonsi.		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED	BY.		The Lenes	APPROXIMATE INTEL
		IMMEDIATE	CAUSE (o)	The work of	100 carry	
100			DUE TO OR AS A CONSEO	UENCE OF	J	1 1 2 3
nove carb ation, or traumatic		Conditions, if any, which	DUE TO, OR AS A CONSEO	DUENCE OF	,	4//4
Se remove care connection or other troumotic		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEO		7	170
hen place or remove care to buriol. Cremation, or qury, or other troumotic	NO	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEO		ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
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DE, T. F. ZEE MANTEL . TENTALEN

3	1.	FOR STATE REGISTRAR			DEPARTN	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	0.	5 /	0
		CEASED NAME ORPRINT) MAR	FIRST	A	MIDDLEAMY	Fu	1LTZ	20. DATE OF DEATH	MONTH 6	1986	26 HOUR 455 A.M
	3. SE	Female		White	<b>e</b>		5. 15° 1898	88 YRS.		IF UNDER 24 HRS HOURS MIN.	
85	West Virginia			76 CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW		D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O		OF DEATH		
Office	10. CITY OR TOWN OF DEATH			HOSPITAL, NURSIN HEACILTY, GIVE STREET, Land Nurs		OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWIT	ON PEWORKING LIE	12b. KIND C INDUSTRY IN OW	n Home	
Salest S	13a S	AL RESIDENCE (IF NURSI STATE ryland	NG HOME OR 13b. COUN	TY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Cumberla	N _	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	sy St	. SW P	otomac ark 2150
1//	14. F/	ATHER'S NAME FIRST	٨	AIDDLE	LAST		Lucy Mong			LAS	ST .
medical		VAS DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 214-05-		Mrs. Isabel	ADDRE Messersmith		berland	, Daughte
or other troumatic event,		PART I. DEATH W.  Conditions, if any, gave rise to imm couse (a), stating underlying couse	AS CAUSEI IMMEDIATI which rediate	DUE TO, O	R AS A CONSEQUE	NCE OF	to pueu	unity.			IMATE INTERVAI ONSET AND DEATH
ws ony injury.	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDIF FYING CAUSES IS	NGS USED
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. 50		22a.1 certify that (1) saw the decease above, (1) (we) (d	(this haspit	5/	193	2,6	nd that in (my) (our) apinian	death accurred on the d	ate and hau	r and fram the	that (I) (we) last causes stated
JT; If Item 21		22b. SIGNATURE	H	ale	w		DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC		6/	7/8 C
APORTANT		22d. PHYSICIAN'S MA	P	HA HA	LMO.	2	22e ADDRESS	Schler	1h	and	eland.

23c. NAME OF CEMETERY OR CREMATORY Fultz Cemetery

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician filled in by the funeral director, page 3 puld be filed within 72 hours after death

24. FUNERAL DIRECTOR NAME ames F. Scarpelli, Cumberland, Md. 21502

236. DATE 6-9-1986

259 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Moorefield, W.Va.

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res To William TVI-16-1986 hilared George, Transcrafting

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adihorn Wuners & come, Louise Mange, d.

U-09537 H	I. DEC	CEASED NAME FIRST	AND, MD	21502 AIDOLE	, i	AST	20. DATE OF DEATH		DAY YEAR 26 HOUR
8 % 1A		DRPRINT)	RUT	tu	GRAN'	г		1986	11:30
de de de	3 SEX		4 RACE	П	5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR IF UNDER 24 HE
ctor.	Fo	male	White		Feb	9,1913 YEAR	73	M	AONTHS DATS HOURS MI
of dire				WHAT COUNTRY?	8		9 BALTIMORE CITY C	YRS PR COUNTY	OF DEATH
neral n 72 th	Pe	nnsylvania	U.S.A		MARRIE	D NEVER MARRIED DIVORCED	ALLEGANY	- COUNTY	,
ofte of the		TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSIN H FACILITY, GIVE STREET D HEART	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST CHOMEMAKER	ION	12h KIND OF BUSINESS O
be be man	USU/	AL RESIDENCE (IF NURSING HOME OR O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)				Cones.
Filled ould		nnsylvania Bed	lford	Buffalo	Mill	13d INSIDE CITY LIMITS?	RD 1	/ ZIP CODE	5534
A Park		THER'S NAME	AIDDLE			15 MOTHER'S MAIDEN NA	WE		
was ed w	7	Charles	A.	Gibbon	S	Elsie	- MIDDLE		Lambert
ORE,		VAS DECEASED EVER IN U.S. ARA	AED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		
B B B B B B B B B B B B B B B B B B B		ES NO OR UNKNOWN) (IF YES GIVE	-	201-01-	7601	Donald R. Gr	ant - Addre	ss sam	ne as #13 abov
BALI ote l		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per	line for (a), (b), and	CP b	- 0 0	1 0000	100	BETWEEN ONSET AND DEAT
ST., and a phy on po emo		IMMEDIATI		ARD10	1-4-E	SPIRATOR	Y THILL	ルドー	1 HOW.
on the ce orbit or reported to			DUE TO, QR	AS A CONSEQUE	NCE OF	00 1.0	C. C.	-	Tel market
dea dea otte		Conditions, if any, which	(b)	LEUWIN	JAT)	ON OF TH	E SUPPO	RI	
V. Pr		couse (a), stating the underlying couse lost	DUE TO, OR	AS A CONSEQUE	NCE OF				
of the or of or of			(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or defining physician and completely filled in by the this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Poser 1 and 2 hould beriff the and Mental Hygene prior to burial, cremation, or removal and 2 hould beriff and death or them 18 shaws any injury, or other traumatic event, the meatical arm in must be not acked or them.	CATION	Diato CAR	ONDITIONS CO	OPATHY,	BUL O	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	ERSI	BLE COM A
S bee		19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDINGS USED YING CAUSES OF DEATH?
Al A	CERTIF						YES NO	YES	NO 🗌
AN: AN: hysical ficat from I Hys	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	HOUR A.M	FINJURY M, MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)
Sicularial Fermi	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	PA		19				
PHY PHY and Mand Mand Mand Mand Mand Mand Mand	MED	21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION	CITY OR TO	IWN	COUNTY STATE
NG Net of the orke		AT WORK AT WORK				L1 1 0/1		~	01
Heolog Es		22a.1 certify that (I) (this haspet		receased from	1	5/211-19-84	to	١	19, that (It (we) I
ATTE Spirt CCTC d for n 21		sow the deceased alive on above, (1) (we) (did) (did not	Membody	affer death.	10	nd that in (my) (our) apinion	death accurred on the di	ate only hour	
Ok DIRE		22b. SIGNATURE	MUHD	2 -0:		DE GREE ATTENDING .	/MEDICAL STA	FF	22c. DATE SIGNED
RAL RAL dete			- Call	6 MOK		PHYSICIAN (			
FUNE FUNE of the S		22d. PHYSICIAN'S NAME (TYPE OR	PRINT		· ·	220 ADDRESS			
Of Od to		ARVIND PATHAK,					RIVE, CUMBE	RLAND,	MD 21502
1000		URIAL, CREMATION, REMOVAL	6-8-86			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY STATE
GGG8P149				IVC		wn Meml.Garde	ns Lavale-/	llegar	ny-Md.
					ie, P.A.  25	74.7 9 B88.	ZDB. REGISTR	SOR STENDINGEN	
(VRA 15, 4)	2	UZ Greene Stree	t, Cumb	eriand, N	1a. 2.	1002	t)		

GEORGE UPCHURCH FUNERAL HOME STATE OF MARYLAND
GREEN STREET

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HATH JASE DE HERMEN ESSON THE TO SHEET STORY

CENTE STORE STORE THE STORE

VT-010- 30/003-116

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OR ATTENDING P

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OR PR --

22b. SIGNATURE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on Of Clobove, (I) (we) (did) (did not) view the body ofter death

n n –	09812	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	15/	0 4
0 0			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1	be ooth	(TYPE	Heler	E. Grimes		6/11/8	36	4;00a,
3	moy po	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	IF UNDER 24 HRS
	ge 4	F	emale	White	MONI 9/27/10 YEAR	75	YRS	HOURS MIN.
	Po dir	Pa B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	eoth 72		Maryland	United States	WIDOWEDX DIVORCED	Alleg. Co		M
	or of the Paris	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION		F BUSINESS OR
10	offi notific	F	rostburg	Frosbturg Commi		Seamstres	s Berkowit	z 60.
AND 212	n 24 hour	130 5	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN All	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS? YES X NO		ZIP CODE 2153	2 Frbg. MC
MARYLAND	ted with		George	Donius		WIDDIE	Porte	r
BALTIMORE,	on ond c		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES GIVI	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 216 22 5		ittner Fr	ostburg M	ld.
1 W. PRESTON ST.,	that the death certificate by the ottending physici cose remove corbonopper of cremotion, or removal.		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUE	nce of		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
IDS, 20	quires is signed the ple to burie	NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	D
N OF VITAL RECORDS.	he low re hos beer t permit	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
OF VIT	CLAN. T g physici ertificate iol-tronsi intol Hygi	EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART ?)	5
O	HYS Idin Me	ă	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CONTROL OF TO	COUNTY	C 1 A 75

TO FUNERAL DIRECTOR. After this should be detoched for use as the bi with the State Dept. of Health and M IMPORTANT: If them 21 is marked retained by the hospital or TO HOSPITAL Frosbturg, MD 21532 A. Roque 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE Fbg. (SPECIFY) Fbg. Memorial Park Md. Allegany BP Buria] 24 FUNERAL DIRECTOR Frost Ave. 21532 Frostburg, aMD DHMH - 16 60M 7/84 Durst Funeral Home (VRA 15, 4)

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

🗘 , and that in (my) (our) opinion death accurred on the date and hour and from the couses stated

MEDICAL STAFF DIRECTOR PHYSICIAN [

22c. DAME SIGNED

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102	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate the executed within 24 figure after the retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and sombitate filled in the should be detached for use as the burial-transit permit. Then please remove corbonpaper. Future I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical eventual and be admitted as
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AL RECO	The low ion.	it permit	Smoot Smoot
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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARTLAND 21201	offendin	ter this os the bu	rked or
	TTENDIN	for use of Healt	21 is mo
0	AL OR A	AL DIRECTOR	T. If Hem
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.	PORTAN
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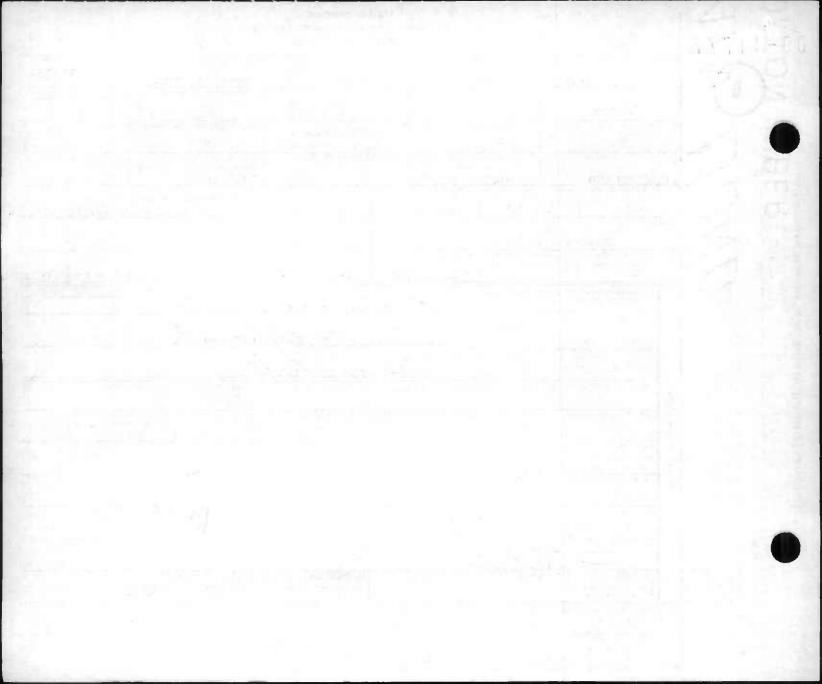
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 6

15/03

-1		REGISTRAR		CENTIL	ICAIL OI DEATH	REG. N	0.		8		
1		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR		
1	(IIII)	DORA	EDITH_	НА	DLEY	JUNE 29.	1986		11:15A <sub>M</sub>		
	3 SEX	X	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS		
i		female	white	MONI	03-29-1903	83	YRS	MOINTES DATS	MIN.		
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH			
1		WV	USA	WIDOW		Alle	egany		MD.		
I	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF	BUSINESS OR		
1		UMBERT AND	MEMORIAL HOS			retired		Nursi	ing Home		
1		AL RESIDENCE (# NURSING HOME OF			113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71P CODE	2	14772		
				perland	YES NO	Route 8			ition/21		
J	14 FA	ATHER'S NAME	MIDDLE LA	AST	15. MOTHER'S MAIDEN NAM			LAST			
4		David W. H			Anna			FW21			
1		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDR	ESS				
ı	()	YES, NO OR UNKNOWN) (1F YES, GI	VE WAR OR DATES)	6-8727	Mrs. Linda L	ona. Cumbe	g, Cumberland, MD -				
		18 CAUSE OF DEATH (Enter or				4		NATE INTERVAL NSET AND DEATH			
		PART I. DEATH WAS CAUSE IMMEDIA									
		IMMEDIA	1								
		Conditions, if ony, which ( ib)									
		gave rise to immediate couse (o), stoting the	)			1					
		underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o									
1	NO										
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY?		, WERE FINDING			
١	IF					YES TI NOT	4	YING CAUSES (	OF DEATH?		
1	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR						
1		OR CONTRIBUTING CAUSE OF DE.		H DAY YEAR		3.					
١	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	19	211 LOCATION						
١	W	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE FARM, ETC )	STREET	CITY OF TO	IWN.	COUNTY	STATE		
ı		220.1 certify that (I) (this hosp	ital) attanded the deceased	Lan 6/	20 10 51	6/	29	10 8 0			
		saw the deceased alive on	6/2-4	1	nd that in (my) (aur) apinion o	death accurred an the d	ate and hour		hot (I) (we) last auses stated		
1		obove, (I) (we) (did) (did no	at) view the body after death.		DEGREE	-		22c. DATE S			
ł		TH	5000		11 DATTENDING	MEDICAL STA	FF	TH. DAIL S	IONED		
Н		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		PHYSICIAN E	DIRECTOR   PHYSIC		UILDING			
ı		DR. ELDER			CUMBERLAND,		2150				
+	23.0		1236 DATE	Tar NAME OF	EMETERY OR CREMATORY	734 LOCATION					
	134 0	surial, cremation, removal specifyBurial	07-01-1986		Memorial Park	CITY OF TOWN	and 1	COUNTY	STATE		
	_	JNERAL DIRECTOR	07-01-1700	Juliset				Allegany	MD		
		James F. Scarpe	11: Cumba-3 <sup>AD</sup>	DRESS		REC'D BY REGISTRAR		RAR'S SIGNATU	RE		
1		pames r. Scarpe	TII, cumperla	nd, MD 2	1202	- NOU good	n linear	Sec. Commence	57/		

DHMH - 16 60M 7/84 (VRA 15, 4)



DHMH-16 60M 1/73 (VR A 15 (4))

24 FUNERAL DIRECTOR John J. Hafer, Jr. LaVale, Maryland

236. DATE June 24,1986 Sunset Memorial

230. BURIAL, CREMATION, REMOVAL

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

Julia davidon-Hondalle

Cumberland Allegany Md.

22c. DATE SIGNED

26. HOUR

HOURS

Kohl

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

4:56

IF UNDER 24 HRS.

The property of the state of th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7	(name	3	0
5	0	2		10
	REG. NO.			

I	FOR STATE REGISTRAR	DEPAR	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	15/0/
ľ	1 DECEASED NAME FRS	T MIDDLE	LAST	24. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
	WA	AYNE THOMAS	HAINES	June 12, 198	36 1:25 Am
	3 SEX Male	Cau.	5 DATE OF BIRTH MONTH DAY YEAR ABTIL 12, 1928	& AGE (IN YEARS LAST BIRTHOAY	
	MEBIRTHPLACE ISTATE OR FOREIGN COUNTRY  West Virainia	76 CITIZEN OF WHAT COUNTRY		1 4 4 4	
	Octivor town of DEATH Cumberland	Memorial Hosp	SING HOME OR OTHER INSTITUTION  EET ADDRESS!  pital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	RKING LIFET 12 IL KIND OF BUSINESS OR INDUSTRY  COAL COMPANY
1	I3a STATE 13b C	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEF COUNTY 131. CITY OR TO LLEGANY BLOOMLY MIDDLE LAST	OWN 134 INSIDE CITY LIMITS?	13R STREET ADDRESS P.O. BOX 11 AME	2 21523
4	Fd gar.	T. Haine		Virgini	a Ashenfelter
	Canditions, if any, whice gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF THE PROPERTY OF	pro-Respiration pro-Respiration in the contract of the contrac	nes Wife same  Arreft  MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF CITY MEDICAL EXAM  216. IN JURY OCCURRED  WHILE AT WORK AT WORK  220. I certify that (1) (this is saw the deceased alix	OF DEATH HOUR A.M. MONTH P.M. 21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) hospital) attended the deceased from ye an 19. INDICATE OF TRINTING THE BODY after death.	DAY YEAR 19 21f LOCATION STREET  and that in (my) (aur) apinial DEGREE ATTENDING PHYSICIAN 22r ADDRESS Mem	CITY OR TOWN  CITY OR TOWN  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN  DOTIAL HOSPItal  Aberland, MD 21	county state  19 , that (1) (we) last and hour and from the causes stated  1726. DATE SIGNED  Med. Bldg.
1	23. BURIAL, CREMATION, REMO (SPECIFY)  BURIAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	neral, w.Va.
- 10					

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bi IMPORTANT: If Item 21 is marked or Jam 19-shows any inji

Fredlock Funeral Home, Piedmont, W.Va. 26750

Cardio Respiratory Arist Supraux ; -

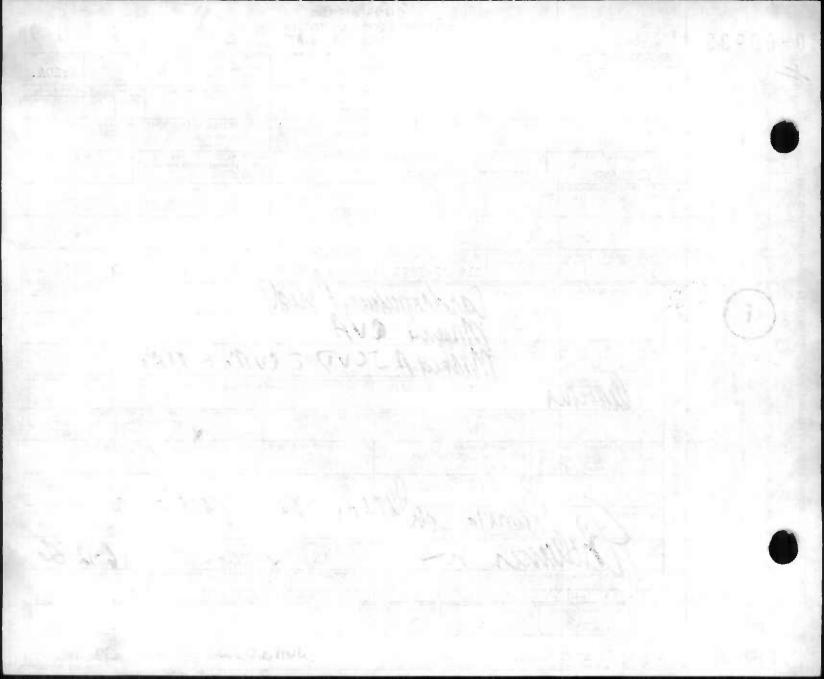
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	1	- STATE 230	Baltimo	re AVEAN	MENT OF H	EALTH AND MENTAL H	YGIENE SA A		5 /	0 8
0-09834		REGISTRAR CUT	berland,	Md. 2150	12 EKI	ICATE OF DEATH		3. NO.		1 1
poge 3		CEASED NAME PIKST	erine	Rebecca	Har	ASI	June	11,	1986	12:01A
Her o	3. SE	X	4. RACE		5 DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ecto ors of		Female	White		July	15 1920	65	YRS	JAN S	Mile.
Per hou	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CI	Y OR COUNT	Y OF DEATH	
		Maryland	US	A	WIDOWE			y Count	EV	MD
with with	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU	PATION	12b, KIND C	F BUSINESS OR
	C	umberland		d Heart I		al	Kelly			ner
hour hour	USU 13a	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTION		E ADMISSION)					
2 4 5		1.00 00	egany	Cresap		13d. Inside City Limits?   Yes 🔯   NO 🗌	14606			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN. The law requires that the death certificate be executed within 24 hours of the physician.  The law requires that the death certificate be executed within 24 hours of the this certificate has been signed by the offending physician and complete filled in by as the burial-transit permit. Then please remove carbanpopers. Pages a find 2 shauld be filled in by the and Mental Hygiene prior to burial, cremation, or removal.  Orked or from 18 shows any injury, or after troumatic event, the medical examiner may be an orked or from 18 shows any injury, or after troumatic event, the medical examiner may be an orked or from 18 shows any injury, or after troumatic event, the medical examiner may be an order of the medical examiner may be an order or the medical examiner may be an order of the medical examiner may be an order or the major order or the medical examiner may be an order or the medical examiner may be an order or the major order or the medical examiner may be an order or the medical examiner.	_	ATHER'S NAME			COWII	15 MOTHER'S MAIDEN	VAME		I AVE.	21302
A B BE	100	James	WIDDIE	Smith		Helen	MIDE	LE	LAS	T
Secure se	16a \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU			AI	DDRESS	La	vin
Poges		YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	21520702		30	n 14606 6	Cres	saptown	n, Md.
re be sers. F	-					Lynn Hard	y-14606 C	akwood		
hysicoticoticoticoticoticoticoticoticoticot		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY	mutas	Edia	carcinon	· Ilma		BETWEEN	MATE INTERVAL ONSET AND DEATH
ng p ban rem		IMMED	IATE CAUSE (0)	rapis	7 Nuc	account	n wunt		19	-
or o			DUE TO, C	R AS A CONSEQU	ENCE OF					
dec dec offer of the rough		Conditions, if any, which gove rise to immediate	( b)_							
the the rem		couse (0), stoting the	DUE TO, C	R AS A CONSEQU	ENCE OF					
that that d by ease ol, o		underlying couse last.	(c)_							
ires gne en pl buri	-	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONDITION GI	VEN IN PART 1	3
The si inju	Ó	arteri	reclins	Li						
be on y	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	JGS USED
has t pe lene	E						YES NO		ES [	NO [
No. Thysicians in the state of	1 8	21a. ACCIDENT WAS UNDERLYING			AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	3
P P P P P P P P P P P P P P P P P P P	¥	OR CONTRIBUTING CAUSE OF I	DEATH .	.M. MONTH D.	19					
HYS I Me or It	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	6.171	OR TOWN	COUNTY	
G P affer the sthe	×	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE, F	ARM ETC )	STREET	CHA	DR TOWN	COUNTY	STATE
O O O E		22a.1 certify that (1) (this has	spital) attended th	ne deceased from_		. 19	to		19	that (I) (we) last
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	fter death. Page 4 n
SION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 21201	n cert com he executed within 24 hours after death. Page 4 n
RECORDS, 201 W. PRESTON	ATTENDING PHYSICIAN: The law regules that the offth sital or attending physician.
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0-09935	FOR 1 - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 1	5 / 0 9
be ath	1. DECEASED NAME FIN (TYPE OR PRINT) JAMES	S EDWARD	HARE SR.	JUNE 12, 1986	25. HOUR 8:20A.
age 4 may ector, pag s after de	3 SEX male	4 RACE White	5. DATE OF BIRTH  MONTE-09-1914 YEAR		FUNDER 1 YEAR   FUNDER 24 HRS
neral din	70 BIRTHPLACE (STATE OR FOREIG COUNTRY)	N 76 CITIZEN OF WHAT COUNTY	RY? 8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 BALTIMORE CITY OR COUNTY O	OF DEATH MC
by the fundamental	OUMBERLAND	11. NAME OF HOSPITAL, NUF (# NOT IN SUCH FACILITY, GIVEST MEMORIAL HOSP	RSING HOME OR OTHER INSTITUTION REET ADDRESS)  ITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TELLIED	126 KIND OF BUSINESS OR INDUSTRY Dealer
IND 2120	USUAL RESIDENCE (IF NURSING P 130 STATE MD	one of other institution, give residence by County 13c city or the Allegany LaVa	FORE ADMISSION) OWN 13d INSIDE CITY LIMITS? YES \ NO \	130 SIREEI ADDRESS 1125 Braddock	Road/21502
under self	14 FATHER'S NAME	nes William Hare's	15 MOTHER'S MAIDEN NA	wi∉ aura McBëë	LAST
MORE, the med	THE WAS DECEASED EVER IN U	S ARMED FORCES? THE SOCIAL SE PER PORCHARGE DATES 214-07	ECURITY NO. 17 INFORMANT	ADDMESS n F. Hare, LaVale,	MD - wife
The law recultes that the of the above recultes that the of the above recultes that the above restore to the above restore to the above any regary, or other transfer.		DUE TO MAKE  ANT CONDITIONS CONTRIBUTING		INCERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
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Pb TOT WHAT TOTAL	DR. T. WIL 23s BURIAL CREMATION REM BUTIAL	OVAL 236 DATE 2	CUMBERLAND, In Name of Cemetery or Crematory Hillcrest Burial Pa	234 LOCATION CITY OF TOWN	2 SOUNTY STATE Allegany MD
DHMH-16 25M (VRA 15, 4) 1/79	James F. Sca	arpelli, Cumberlar	25e. DA	TE REC'D. BY REGISTRAR 256. REGISTR	



-09015		STATE REGISTRAR		w. Main Stburg,	Md. 2	21532 CERTI	FICATE OF DEATH	3 RE	NO.	15/	1 0
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ple print y. m	1.3	PART 2 OTHER SIG	NIFICANT	CONDITIONS	CONTRIBUTI	NG TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION G	IVEN IN PART I	a
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24151	ΙĔ							YES NO	_	IFYING CAUSES	OF DEATH?
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1117	1 3	OR CONTRIBUTING				ITH DAY YEAR					
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A seed on a		220.1 certify that (I	) (this hosp	ital) attended	the deceased	d from	, Jan. 19 8	10 0	5	19.86	that (I) (we) last
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2513/	23a 1	BURIAL, CREMATION	, REMOVAL	23b. DATE		23c NAME OF	CEMETERY OR CREMATORY	236 LOCATION			
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age 4 moy rector pag rs ofter de	3. SE	Male	Caů.	S. DATE C	22 1904	6 AGE   IN YEARS LAST BIRT	THDAY) IF UND	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
death. Pe	(	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)  WV  TY OR TOWN OF DEATH 11	U.S.A.  NAME OF HOSPITAL, NURSIN	WIDOWE	D NEVER MARRIED 1  DIVORCED [	9 BALTIMORE CITY O ALLE	GANY	MD.
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within 24 h	V	THER'S NAME FIRST MID	l Keyser	N		130 Chestni		26726
executed on the second of the	16a V	VAS DECEASED EVER IN U.S. ARME (45, NO OR UNKNOWN) (IF YES, GIVE W		RITY NO.	Clory 17 INFORMANT Katherine Joh	ADDRE	ss ington WV	Lewis / 26710
th certificate be nding physician corbodic popular or removal		18 CAUSE OF DEATH LEnter only PART I. DEATH WAS CAUSED E IMMEDIATE O	one cause per line to (a) (b) find BY: CAUSE (o)	etall	u Adenoca	rcesors of		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
d by the atterior, ich, cremotion		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		U				
low requires as been signe ermit. Then p e prior to bur ss ony injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT COI	19b. CONDITION FOR WHICH			20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
SICIAN: The physicion certificate haral-transit pentol Hygier term 18 500		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	21c HOW INJURY OCCURRE	YES NOXX	YES	NO []
ING PHYS after this os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F.	ARM, ETC.)	21f LOCATION STREET	CITY OR TO		DUNTY STATE
AL OR ATTEND the hospiral o AL DIRECTOR , all DIRECTOR , retoched for use ise Dept. of Hea T: If Item 21 is m		22e I certify that (I) (this hospital) saw the deceased alive an obove, (I) well that hat ive			, 19	eath accurred on the do	F 2	rom the causes stoted
etained by TO FUNER, should be d with the Sta		WAGONER, GARY	L., M.D.		220 ADDRESS 925 BISHOP	WALSH RD	CUMBERLA	ND, MD
GBP/99	(	SPEC (EV)	6 01 0/		EMETERY OR CREMATORY  Point Cemetery  1250 DATE	23d LOCATION CHYOR TOWN Keyser REC'D. BY REGISTRAR	Miner	al WV
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	FOR Film G61	7 itom 1		STAT	E OF MARYLAND				
1.	FOR STATE 7/2/8		DEPARTI		HEALTH AND MENTAL HYG	IENE 9 6	1	5 /	1
	REGISTRAR	σιμα			FICATE OF DEATH	REG. NO	D	3 /	
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	LEO	VA F	FRANCES		<b>ISMAN</b>	Ju	ne 21		
_S#5		4 RACE		5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT			IF UNDER 24 H
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	RTHPLACE (STATE OR FOREIGH		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
	MD (	USA		WIDOW		Allegany			
0. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	170 USUAL OCCUPATION			
_	Cumberland		rial Hosp:			Housewif	2	Own	Home
	TATE 13b. (	OME OR OTHER INSTITUTION	1. GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
	MD A1	legany	Cumberl	and	YES NO	Rt. # 8	Box	165	21502
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	underlying couse la	(c)_							
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CERTIFICATION	19a. DATE OF OPERATION	196 CONE	JII ION FOR WHICH	OPERATIO	ON WAS PERFORMED		IN CERTIF	YING CAUSES	S OF DEATH?
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	OR CONTRIBUTING CAUSE	110110 4	.M. MONTH D.	AY YEAR		LENTER NATURE OF INJUI	IA IM LIEW IR BY	ART FOR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		OF INJURY	19	21f. LOCATION				
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	22a. I certify that (I) (this saw the deceased ali	•			ind that in (my) (our) apinion	death accurred on the de			
	above (H) (we) (did) (did)	lid_nat) view the bad	y after death.		DEGREE	ocom occorred dir ine de	ne and nour		
	The same of the sa	Fine	2	r	M'D ATTENDING	MEDICAL STAF	:F		22/86
9 1	27d. PHYSICIAN'S NAME	TARE OR DRIVITA			220 ADDRESS	DIRECTOR   PHYSIC		1-/	1
					Memorial H	Hospital Med	lical	Buildi	ng
	Dr. Qamar				Cumberland	1, MD 21502			-
	URIAL, CREMATION, REMO SPECIFY)	OVAL 236 DATE	23c	NAME OF	CEMETERY OR CREMATORY	m. Flints		COUNTY	STATE
E	Burial	Jun 24	1 1986 R	locky	Gan Vet. Ce	m, riints	tone	ATTEG	any M

Cumberland, MD

BY REGISTRAR 256, REGISTRAR'S SIGNAVURE

DHMH - 16 60M 7/B4

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(VRA 15, 4)

William G. Kight

Burial
24 FUNERAL DIRECTOR

IMPORTANT: If Hem 21 is marked at Hem 18 show that injury, at ather troumatic event, the medical

white Nov. 26, 1922 J. Br. 0.101 11.0 22.032001. Mt. # 8, Box 365 21502 And the damy Cumberland Imes Sibel Nac Adams Harahall Goldie M. Streett Cumberland ND

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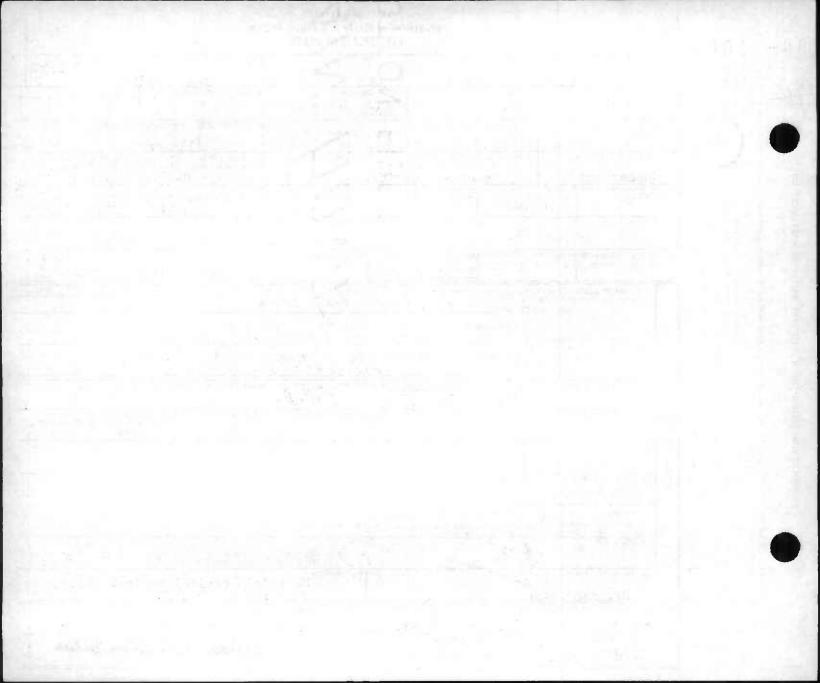
William G. Might Cumberland, MD

Keith S. Shaffer

Shaffer Funeral Home, Inc., Romney, WV

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO.	1	5	1		-	4	
ATE OF	DEATH	MONTH	DAY	П	YEAR	2b	HOI	JR5:	

FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	-	5 /	1	4
1. DECEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF	DEATH MON	NTH DAY	YEAR	26 HOUR	5:00
(TYPE OR PRINT)	ESTHE	R	MILDRED	JA	CKSON	June	17, 19	86		P	• M
3. SEX		4 RACE		5. DATE C		6. AGE (INY	EARS LAST BIRTHDA		UNDER TYEAR	IF UNDER 24	HRS
FEMALE		WHIT	15	1/	11/15 YEAR	71		YRS.	1710	WOOKS .	74(1)-0.
COUNTRY)	E OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMO	RE CITY OR C	OUNTYO	FDEATH		
MARYLAND		U.S.A	1.	WIDOWE		A	11egany	7			MD.
Cumberla		(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET EMOTIAL H	ADDRESS)	or other institution		OCCUPATION K FOR MOST OF WO		HOSP		5 OR
USUAL RESIDENCE (IF 130. STATE MARYLAND	136 COUN		GIVE RESIDENCE BEFORE  136. CITY OR TOW  FROSTB	/N	13d. INSIDE CITY LIMITS?	19 W	ADDRESS / ZI	P CODE TON	ST.	215	532
4 FATHER'S NAME	A	AIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE		LAS	ī	
JOHN		1	JACKSON		ALICE	1115			DONA	LD	
160 WAS DECEASED E		MED FORCES?	16b SOCIAL SECU		17. INFORMANT	FRO	STBURG	, MD	2153	32	
NO_	N A		215-36-8	3726	MISS MARY	JACKS	ON, 19	WASH			Cag
Conditions, if gove rise to couse (a), sunderlying country.	IMMEDIATI  ony, which immediate toling the ause last.	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)	ONTRIBUTING TO	ENCE OF	Metast Metast	affic Canc	Arre Break er er	A ION GIVEN		MATE INTERV.	TAIN .
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OR CONTRIBUTING	CAUSE OF DEA	Р	.M. MONTH D .M.	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NA	ATURE OF INJURY IN	TEM 18 PART	1 OR PART 2}		
WHILE NO	OT WHILE		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STA	(TE
sow the de above, (1) (2) 224 SIGNATURE 224 PHYSICIAN	ceased alive on,	R PRINT	ne deceased from		22e ADDRESS Mem	MEDICAL DEFICIOR Orial H	STAFF PHYSICIAN	ond hour o	772 BA	SIGNER	
	. Q. Za		Too.			berland		1502_			
23a. BURIAL, CREMATI	on, removal	236 DATE	23€.	NAME OF C	EMETERY OR CREMATORY		ATION OR TOWN		COUNTY	514	ATE

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

SOWERS

6/20/86 MAIN ADDRESS 24 FUNERAL DIRECTOR FROSTBURG

FUNERAL HOME

MICHAEL CEM FROSTBURG
IN ST. 250. DATE REC'D. BY REGISTRAR 256. I BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUN 2 0 1986

r/ --STREET OF MOTOR PLANTAGE NO. 1 CONTRACTOR NO. 1 COLUMN COLUMN TO THE REAL PROPERTY. 

STATE OF MARYLAND

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AD 21532

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TO DECEASED NAME ITYPE OR PRINT)  Live or Print  1 DECEASED NAME  PRIST  LAST  LAST										19	DACO PRODUCTOR
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Ta. B	RTHPLACE (ST PREIGN COUNTRY) Maryla	nd nd		76 CITIZEN OF WHAT COUNTRY?  USA  8. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED					OR COUNTY	OF DEATH	M
B	arton	OF DEATH	Rtvorzeuch	ME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  OF HOME HOME, OR OTHER HOME, OR OTHER INSTITUTION  OF HOME HOME, OR OTHER HOME, OR OTHER INSTITUTION  OF HOME HOME, OR OTHER HOME, OR OTHER INSTITUTION  OF HOME HOME, OR OTHER HOME,							
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F	ATHER'S NAME FIRST WILLIA		Widale				DEN NAME	WIDGIE	1	Meeker	
6a. \	WAS DECEASED	DEVER IN U	S. ARMED FORCES? es, GIVE WAR OR GATES)	166 SOCIAL SECUR 220 14 06		17. INFORMANT Fileen M	cDonald	Barton,			
	18 CAUSE O PART I DE			ardiac arre	st					APPROXIMAT BETWEEN ONSE	T AND DEATH
7	8 S	ns it ony,	MEDIATE CAUSE (a)	OR AS A CONSEQUENCE	themi	a.				minut	es
	gave ris	gave rise to immediate cause (a) stating the under- lying cause last:  (b)  DUE TO OR AS A CONSEQUENCE OF Status post myocardial infarction  (c)									
	lying cau	se last.	(c)	tatus post i	hyoca	rdial infa	arction			2 year	rs
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IFICATION	PART 2 OTHER 50  Carci 190. DATE OF	gnificant con	DITIONS CONTRIBUTING TO DEA  Prostate,  196. CONI		RMINAL DISEAT radia	SE OR CONDITION GIVEN IN				20 AUTOPSY	?
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SIAIE	Uľ	MARYL	ANU

DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH

ENE 6 REG. NO.	1 1	5 /		1
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	IR
June 14, 1986			8	A
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	# UNDER	24 HRS
80 yr	MONTHS RS	DAYS	HOURS	MIN
A BALTIMORE CITY OR COL	MTY OF DE	ATH		

REGISTRAR				40000		REG. NO.				
I DECEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH M	ONTH DAY	YEAR	26 HOL	JR
(TTPE OR PRINT)	KATHI	ERINE I	ENNIS	KL:	INE	June 14, 19	86		8	A.
3 SEX		4 RACE		S DATE C		6 AGE (IN YEARS LAST BIRTHE		NDER I YEAR	# UNDE	R 24 HRS
FEMALE		WHIT	Ξ	NOV.		80	YR5	THS DAYS	HOURS	MIN
70 BIRTHPLACE (STATE OF COUNTRY) MARYLAND	R FOREIGN	16 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIORCED	* BALTIMORE CITY OR Allegany				м
o city or town of the Cumberland	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET AL HOSPITA	DDRESS]	DR OTHER INSTITUTION	12e USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	WORKING LIFE]		ETTER	
USUAL RESIDENCE (# N 130. STATE MARYLAND	136 COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW CUMBERLA	N	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 235 PACA S	TREET	21	50	20
14 FATHER'S NAME CHARLES		H.	MATHEWS		MARY MAIDEN NA	AGNES		MART		
16e WAS DECEASED EV (YES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	220-34-1		17 INFORMANT NELLIE MATHEW	ADDRES S 643 BEDFOR				
PART I. DEATH	WAS CAUSE	ly one cause per D BY: E CAUSE (0)	line for (a), (b), and	dieu Ma	naclk	enerlas	2	BETWEEN	ONSET AN	D DEATH
Conditions, if a gove rise to cause 101, str underlying co	ny, which immedipte oting the	DUE TO, C	R AS A CONSEQUE						1	
PART 2 OTHER S  19a DATE OF OPE  21a, ACCIDENT WAS  OR CONTRIBUTING	PATION  UPD REYING   VALUE OF DE	19b COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED  ALLENSES  TO HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDI	NGS USE	TH?

MEDIC 21d. INJURY OCCURRED

WHILE

226 SIGNATURE

FOR

- STATE

STATE

NOT WHILE 220 1 certify that (1) (this haspital) attended the deceased fro saw the deceased alive an abave, M) (we) (did) (did not) view the body ofter death (our) apinion death occurred on the date and haur and from the causes stated

211 LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ADDRESS 122 S. Centre Str.

22¢ DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

BURIAL

Cumberland, MD 21502

Dr. Fred Miltenberger 23e BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) S.S.PETER& PAUL CEMT JUNE 16 1986

234 LOCATION CUMBERLAND ALLEGANY MARYLAND

COUNTY

24 FUNERAL DIRECTOR NAME

ADDRESS

SILCOX-MERRITT FUNERAL HOME CUMBERLAND MARYLAND

21R PLACE OF INJURY

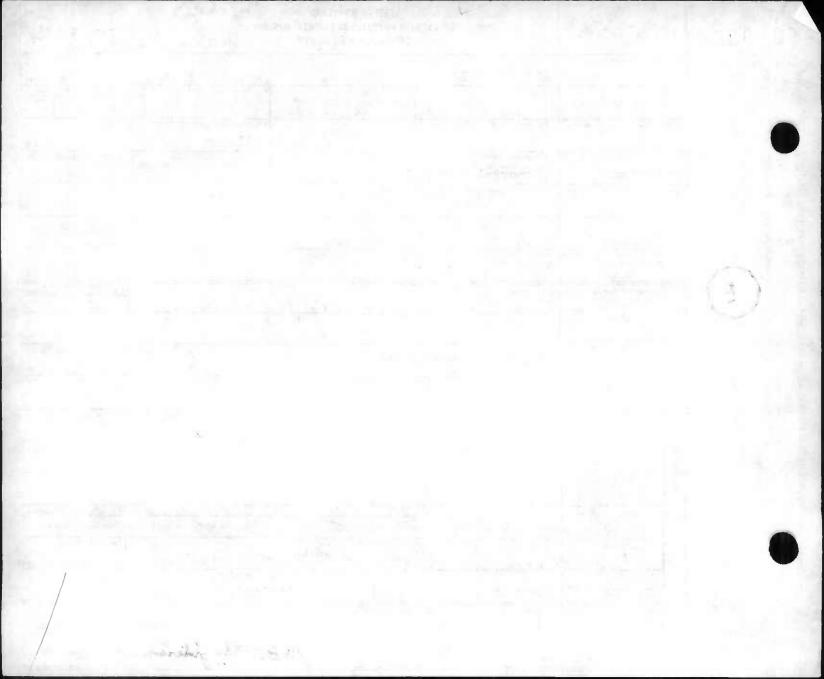
(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

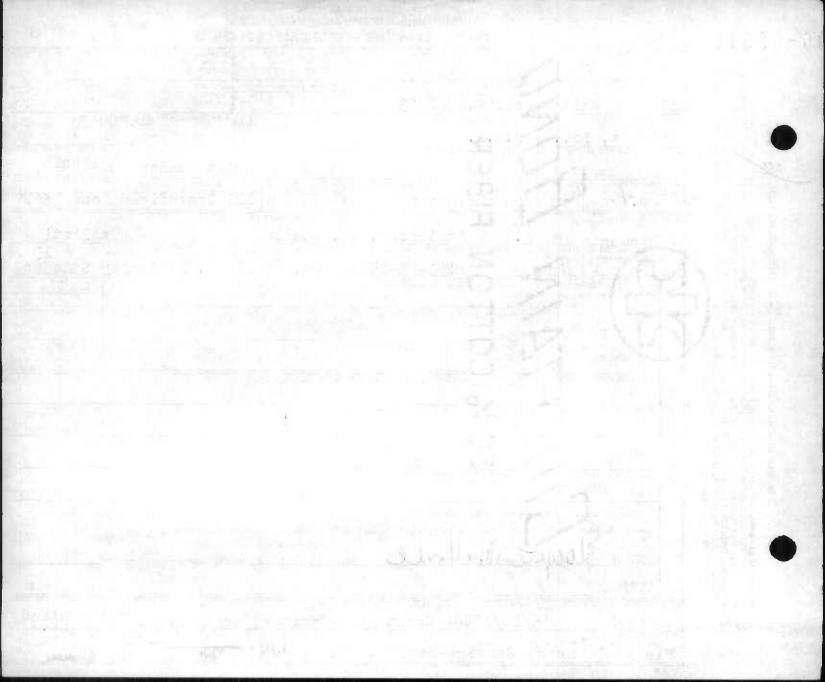
CITY OR TOWN

DHMH-16 25M (VRA 15, 4) 1/79

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MPORTANT: If Item 21





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	19 at 12 97 at		E OR PRINT)	.0	F	K	undo	OF ES	1	10 01	
X	TREE	3. SE)	4. RACE	5. DATE OF BIRTH	H YEAR LAST BIRT		IDER 1 YR. IF UNDER 2	4 HRS 2c. DATE	MONTH	DAY YEAR	2d HOUR
0	DIRECTOR COUR FILE TON STREET	Ma	le whit	- 0			HS DAYS HOURS	MIN. PRONOUNCED DEAD	6	12 1986	11 Am
	SINEGESAR FUNEEALD FOR YOU MITHING WIT	Ja. B	RTHPLACE (STATE OR IREIGN COUNTRY)		VHAT COUNTRY?	8 MARR	ED NEVER MARRIE	9. BALTIMORE	CITY OR COUP	NTY OF DEATH	115-12
•	Banga and		Maryland	U.S		WIDOW		A.	llegany	T.	MD
	N H S H S H S		TY OR TOWN OF DEATH	(IF NOT IN SUCH I	SPITAL, NURSING HO	6)	ER INSTITUTION	FOR MOST OF WORKING Machinis	ON (TYPE OF WORK LIFE)	OR INDUST	TRY
	DELAY STOTH	USU	rostburg	R.D.	2 Box 23					Celane	se
21201	F ANY DELAY IS. AND 3 TO THE R. BETAIN PAGE SHOULD BE FILED I RECORDS/201			llegany	Frostbu		13d. INSIDE CITY LIMITS? YES NO K	Rd. 2 Bo	x 235	2153	32
WD.	NON A IT	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME		LAŞT	
ORE,	DEATH OF SESTH		Jacob	5	Kroll	1777110	Mary 17. INFORMANT			Boettne	r
PRESTON ST., BALTIMORE,	URS AFTER DEA WITH FORMA IT. PAGES LAN DIVISION OF	16a. V	VAS DECEASED EVER IN U. ES, NO, OR UNKNOWN) (IF YES	S. ARMED FORCES? S, GIVE WAR OR DATES)	214-07-	4993A	Catherin		DDRESS <b>same</b>	as 13e	3
ST., B.	HOURS AF		IB. CAUSE OF DEATH (En	ter anly one cause per lir AUSED BY:	ne far (a), (b) fand (c).)	200	T. Co	sdiovasi	.00.	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
NO	V 24 HOUR V ITEM 18. ALONG W IT PERMIT. YGIENE, D	-		EDIATE CAUSE (a)	OR AS A CONSEQUENCE	E OF	oue or	miousi	mar		
REST	WITHIN 24 HENCIL IN ITEN MINER ALON TRANSIT PER ENTAL HYGIEN OR REMOVAL		Canditions, if ony,	which	Dinear	0					
W. P	XECUTED WITHIN 24 HOUNG: IN PENCIL IN ITEM 18 CAL EXAMINER ALONG: VENCIL - TRANSIT PERMIT AND MENTAL HYGIENE. MATION, OR REMOVAL.		gave rise to imme couse (a) stating the u		R AS A CONSEQUENC	E OF					
, 201	EXECUTED ING." IN PRICAL EXAM BURIAL-HAND MEI		lying cause last.	(c)							
RECORDS, 201 W.	HOULD BE EXECUTED WITH RD "PENDING" IN PENCIL THEF MEDICAL EXAMINER USED AS A BURIAL TRAN OF HEALTH AND MENTAL TRIAL, CREMATION, OR RE	z	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PART	1 101			
REC	MEN	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	DITION FOR WHICH OP	ERATION W	'AS PERFORMED?			20 AUTOPSY	(?
ITAL	SHOULD ORD "PE CHIEF A E USED A T OF HEA	E								YES 🗆	NO P
DIVISION OF VITAL	FR. THIS CERTIFICATE SHOULD ATE. WRITING THE WORD "PORWARDED TO THE CHIEF WAS ARREST AND ARE USED TO THE STATE OF PREMENT OF HUD, 21201 PRIGR TO BURNAL,	AL CER	210. EXTERNAL CAUSE WA	HOUR A.	M. MONTH DAY YE	AR 21c HG	OW INJURY OCCURRED	ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR F	PART 2]	
ISIO	SHO TO	MEDICAL	CONTRIBUTING CAUS	21e PLACE	OF INJURY (AT HOME,		CATION				
PIV	WRIT CHIS CHIS CHIS CHIS CHIS CHIS CHIS CHIS	¥	WHILE OF NOT WHILE AT WORK	E STREET, FA	ACTORY, FARM, ETC.)		TREET	CITY OR TOWN	C	OUNTY	STATE
	NER: THE STATE ORW.		22s. I certify that I taak	charge of the remains d	escribed abave, held an	Autap	sy , Inspection	P. Inquiry	and in my	opinion	
	RECT SE		death resulted from:	Natural causes 7,	Accident .	Suicide	, Homicide .	Undetermined monne	r,		
•	AL EX. HE CER HOULD HOULD AL DIR E, MAI		ACTUAL SIGNATURE	rancesee	pys-	M	Deputy	MEDICAL EXAMINE	R SIGN	1ED 6-12	2-86
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	Francisc	o Reyes		ADDRESS 900 S	reton Dr. (	Bumbo,	land Ma	12150
	5X4544	73a. B	URIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF C			23d. LOCATION CITY OR TOWN	A 7 7 CO	UNIY	STATE Q
07/84 25M	BP	24 E	Burial UNERAL DIRECTOR.	16-14-86	Metho	dist	Cemetery 750 DATE RE	Mt. Sava	BEGALLE	gany M	a
	DHMH - 17 (VR A15 ME (5))	-	NAME 57	Frost Ave	ンコレココ		JUN	1 9 1986	Lin Kan	STORY OF	
	(	-	7.1.0	stburg, M	d>-				Carlos Carlos	er Nices de	

STATE OF MARYLAND

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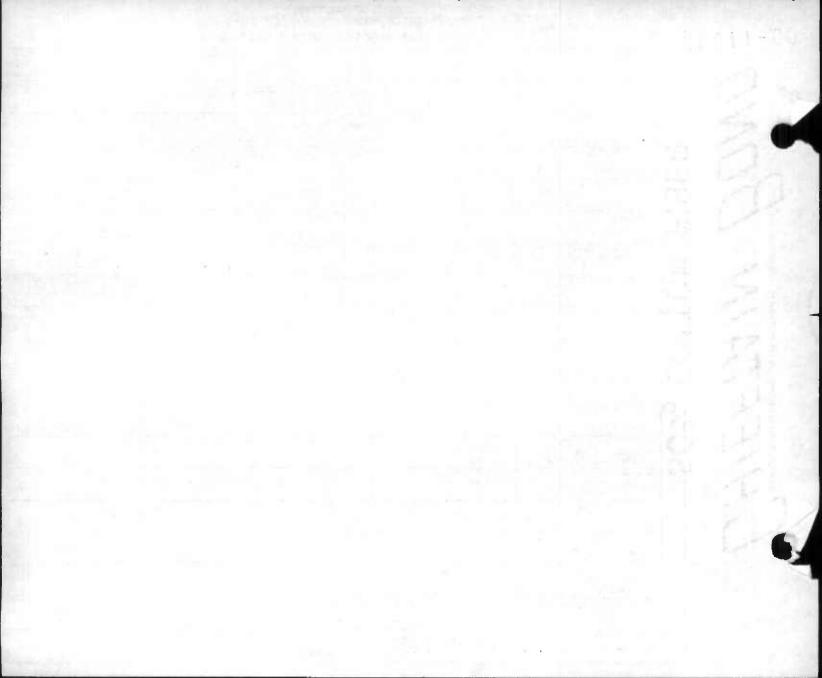
English of and the control of the co

1050		REGISTRAR CEASED NAME FIRST	MIDDLE		AST	RES. NO.	25. 1986 26 18
ge 3 leoth	(TYPE	ORPRINT) HERMA	N NMI (LaGrot:		RATTO	JUNE	25, 1986 18
	3. SE)	Male	4 RACE White	5 DATE O	19, 1927 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
6	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8  MARRIE  WIDOW	D NEVER MARRIED		UNTY OF DEATH
by the	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: SACRED   F	JRSING HOME O	OR OTHER INSTITUTION	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 12b. KIND OF BUSIN INDUSTRY Railroad
filled in	130 S M:	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL Alle	ROTHER INSTITUTION, GIVE RESIDENCE NTY 136 CITY OR Cumber	BEFORE ADMISSION) TOWN cland	13d INSIDE CITY LIMITS? YES <b>X</b> NO	136.STREET ADDRESS / ZIP (	CODE 21502 ard St.
ond syderical sy	14 FA	THER'S NAME Orazio La	Grotta LAST		15. MOTHER'S MAIDEN NA FIRST	Pasqualina Lase	erra
Poges 1		VAS DECEASED EVER IN U.S. AR (ES NO OR UNKNOWN) (IF YES GIT	MED FORCES? 166 SOCIAL 218-16	-4679		ADDRESS  Michael LaGro	
signed by the otten ten please remove or a buriol, cremation, ory, or other troumo	Z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS  (b) PETC  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	EOUENCE OF	NOT RELATED TO THE TERM	Pt Lung	N GIVEN IN PART 110
hos been it permit. If lene prior to lows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	n was performed	200 AUTOPSY? 20b IN C	IF YES, WERE FINDINGS USE ERTIFYING CAUSES OF DEA YES \( \text{ NO } \)
certificate priol-transitional Hygi tem 18 sh	MEDICAL CER	710 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
ther this os the but hond M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		ZII LOCATION STREET	CITY OR TOWN	COUNTY
RECTOR: A ned for use ipt, of Heoliem 21 is mo	<	270. I certify that (1) (this hosp sow the deceased alive or abave, (1) (we) slid) (did no		19 86 , 01	DEGREE	death occurred on the date and	d hour and from the causes st 22c DATE SIGNED
T tot	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	DIRECTOR PHYSICIAN	
TO FUNERAL DI should be detoch with the Stote De IMPORTANT: If II		DR. URIEL V			924 SETON EMETERY OR CREMATORY	123d LOCATION	AND, MD 2150

MAL AND ME ME OTTAINS (MATERIAL) TORE . S tell militim at 10 to 10 to 200 200 . The state of the The Carlotte and the Carlotte and the Carlotte DOLLS DE WAYNERSHIP STATES VICES 950

per pure est professione size. Interest description (Agogalical) II as parent

The transfer of the contract o



SOL LEVINSON & BROS., INC.

21215

6010 REISTERSTOWN RD. BALTO MD

DHMH - 16 60M 7/84

(VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

-	500	SCARPE	FILE	UNERAL H	OMF	STA	E OF MARYL	AND					
-11778	REG	ISTRAR 108	VA. A	VE. CUME	BERLAND	, MEERTI	FICATE OF	DEATH	8	RE NO.	1	5 /	1 2 3
2	(TYPE OR PRI	ED NAME	JOH		AROLD		VELLYN	SR.	JUNE	27,19	86	AY YEAR	8:04AM
4 ( % <b>g</b> )	3 SEX Ma	le		White			e 17,	1942"	6 AGE (IN YE	ARS LAST BIRTHD	YRS	FUNDER I YEAR	IF UNDER 74 HRS
eoth. Pog		ACE (STATE OF	FOREIGN	76 CITIZEN OF V		TRY? 8. MARRII WIDOW	D NEVER	MARRIED	9 BALTIMOR	ALLEG	COUNTYC		MD
	200	town of DE berland		IN NAME OF H		,	OR OTHER INS	STITUTION	12a USUAL O			12b. KIND O INDUSTRY Loca.	F BUSINESS OR
A mount	UAL RES	Va.	136 COUN	TY	GIVE RESIDENCE IN CAR CITY OR Ridge	BEFORE ADMISSION	13d. INSIDE	CITY LIMITS?	13e STREET A	DDRESS / Z	1P CODE 0x 68	6 726	25399
100	FATHER P		John Í	Llewelly	LAST			SMAIDENNA				LAS	ī
Pag.		ECEASED EVEL		MED FORCES? E WAR OR DATES)	233-6	8-1533	Mrs.		Llewel	ADDRESS Lyn, F		ley, W	.Va. Wif
ow requires that the death certiful been signed by the attending primit. Then please remave corbanjorior to burial, cremation, ar remonyriory, ar ather froumatic even	gav cau und PAR	aditions, if any re rise to im se (0), stati erlying caus	mediate ing the e last NIFICANT C	DUE TO, OR    b)    DUE TO, OR  (c)  ONDITIONS CO	AS A CONS	EQUENCE OF  EQUENCE OF  TO DEATH BU		D TO THE TERM	INAL DISEASE	OR CONDIT	Ob IFYES,		NGS USED
sate has onsit per dygrene	210.	ACCIDENT WAS UP	ODERLYING	21b. TIME OF			21c. HOW II	NJURY OCCURE		NO	YES		NO [
ottending pm fter this certific as the burial-tri h and Mental I brked or Item 1	CA C	ONTRIBUTING DETTHER NOTIFY MED NO	RRED	P.A	OF INJURY	DAY YEAR  19	211 LOCAT STREE			CITY OR TOWN	1	COUNTY	STATE
to FUNERAL DIRECTOR. Af should be detached for use o with the State Dept. of Health MAPORTANT: If them 21 is man	22b.	saw the decea above, (1) (w SIGNATURE PHYSICIAN'S N	sed alive an ideal (did not	R PRINTY M.	other death.	19 \$6.0	DEGREE 116 ADDRE		MEDICAL DIRECTOR	STAFF PHYSICIA	м 🗌	R 9/4	-
9990		L, CREMATION	, REMOVAL	236 DATE 6-30-1	986	Fort A		CREMATORY emetery	FOT	towashl	by, W.	· vă.	STATE
DHMH - 16 80M 7/84 (VRA 15, 4)	24 FUNER	AL DIRECTOR	es F.	Scarpel	li, Gu	Mberlan	d, Md.2	1502 ULAT	02 196	GISTRAR 251	REGISTRA	AP'S SIGNAT	URE

SCHOOL HEARING FAME TOP WALL CONCERNS AND ADDRESS OF ANY ROLL

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rain his fineriti .

THAT I THE STORY IS. CHEROLOGICAL CONTRACTOR OF THE CONTRACTOR OF THE

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. or, page 3

within 24 hours after

STATE OF MARYLAND

8 6 REG. N	10.	I	5	1	2	6
ATE OF DEATH	11011711	DAY	-	(F + D	01 1100110	

1.	STATE REGISTRAR			DEPAKI		ICATE OF DEATH	8 6 REG. N	10.	5 /	2 4
	CEASED NAME OR PRINT)	ELEAN		TUHILL		LOYD	June 24,		AY YEAR	1:57 M
3. SE	х	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		White	9	Sen	t.20, 1913	72	YRS.	ONTHS. DAYS	HOURS MIN.
	RTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
	country)		U.S	. A .	WIDOWE	D NEVER MARRIED DIVORCED	Alleg	any		MD.
	Cumber		(IF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET LEMOTIAL	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF SORK FOR MOST,			OF BUSINESS OR
13a. S	al residence (# NUR STATE Maryland	136 COUNTY		DIVE RESIDENCE BEFOR	/N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS	h St.,	, 2153	32
A FA	ATHER'S NAME FIRST  Unknown	n MID		uhill		15 MOTHER'S MAIDEN NA RUTH	MIDDLE		ayman'	ŞT.
	VAS DECEASED EVER	IN U.S. ARME		166. SOCIAL SEC		17 INFORMANT	ADDR			
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ATION	gave rise ta im cause (a), statis underlying cause PART 2. OTHER SIG	ng the e last NIFICANT COI	(c) NDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	ANO ELSES NOT RELATED TO THE TERM N WAS PERFORMED		20b. IF YES,	, WERE FINDI	NGS USED
IFIC							YES NO	IN CERTIFY YES	ING CAUSES	NO
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MEDI	21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE	21e PLACE	OF INJURY PEET, FACTORY, OFFICE.	FARM ETC )	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	22a. I certify that (I saw the deceas abave, (I) (we) (	sed alive an		19	, at	nd that in (my) (aur) apinian	death occurred an the			that (1) (we) last causes stated
	226. SIGNATURE	AME (TYPE OR PE	ak J	1A		ATTENDING PHYSICIAN [	MEDICAL STA	AFF ICIAN [	22c. DATE	SIGNED
	Dr. Ma	rk					Walsh Road	Cumbe	rland,	Md. 21502
	BURIAL, CREMATION, (SPECIFY)  Buri  UNERAL DIRECTOR	al	11111	7,1986 F	rostbu	emetery or crematory irg Memorial 1 250. DA	TE REC'D. BY REGISTRA	R 256-REGISTER	LAR'S SIGNAT	
	Durst Fur	neral H	ome, F	rostburg	Md.	21532 JUN 7	0 1986 Ju	in Dond	Mr. Kendy	MAS

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please?remave carbonoopefs. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

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MPORTANT: If Hem 21 is marked or Hem 18 shows any

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Leader instrumental statement of the state

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21101	0 211201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within \$4 hours after death. Page 4 may retained by the hospital or attending physician.	34 hours other death. Page 4 may be O

		FOR		DEPARTM		E OF MARYLAND EALTH AND MENTAL HYG	IENE 😞 /		- / .	2 6
001	1-	STATE REGISTRAR				ICATE OF DEATH	8 6 REG. NO	D.	3 / 4	- 0
1031		EASED NAME FIRST	MIDD	LE	ı	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b.	HOUR
1 71	11111	Emm	a C. Lu	icas			6/4/86		2	:30a M
8	3.5EX		4 RACE	SOTWING TO	5. DATE (		6. AGE (IN YEARS LAST BIR	MON IF L		UNDER 24 HRS DURS MIN.
4 000		Female	White			28/08	77	YRS		
2 22		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH.	AT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
100		vid	United St		WIDOWE		Alleg.			MD.
116/		stburg	Frostburg	CILITY, GIVE STREET	ADDRESS)	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKE)	ON F WORKING (IFE)	IZE KIND OF BUILDINGTRY HOME	USINESS OR
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	he death o	attending	mation, or remova-
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		DEPARTI	44000	HEALTH AND MENTAL HYG FICATE OF DEATH	8 6.	1	5 /	2	8
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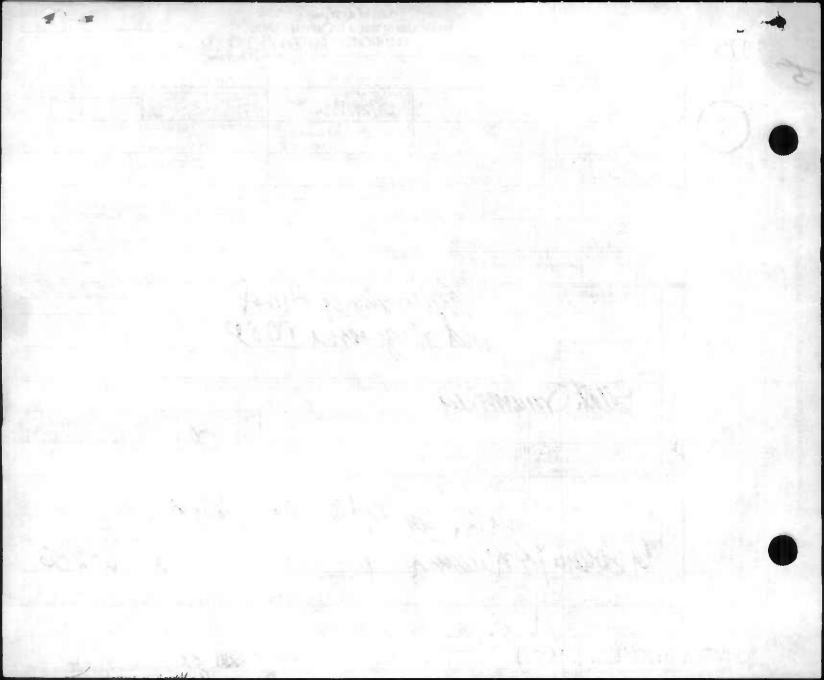
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TO FUNERAL DIRECTOR. Mould be detached for use a with the State Dept. of Heat

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ATTENDING PHYSICIAN: The low

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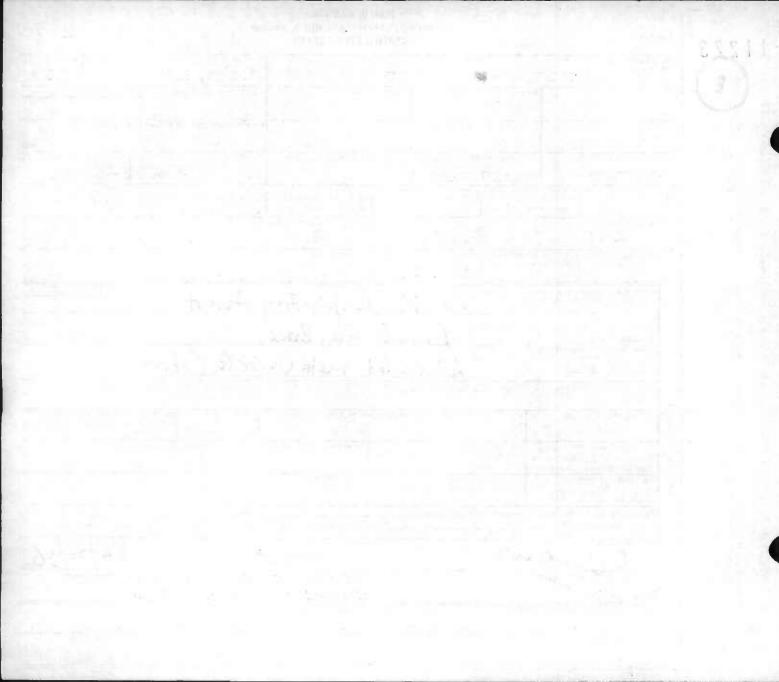
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/	3. SE	FEMALE	4 RACE WHITE	5. DATE (		6. AGE (IN YEARS LAST BIRTHDAY)  76 YR	
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60	1	TY OR TOWN OF DEATH  UMBERLAND	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S MEMORIAL HOSP I	TREET AODRESS)	OR OTHER INSTITUTION	120, USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN RETTRED DIETA	126. KIND OF BUSINESS C GHEFT INDUSTRY TION—HOSPITAL
35		AL RESIDENCE (IF NURSING HOME ARYLAND 136AGO	OR OTHER INSTITUTION, GIVE RESIDENCE E 13c. CITY OR CUMBER	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CC	
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The dico		VAS DECEASED EVER IN U.S. yes, no or unknown) (IF yes,	ARMED FORCES? GIVE WAR OR DATES)  16b. SOCIAL S 214-07	5604	MEMORIAL HOS	ADDRESS PITAL RECORDS	
r office froumonic event,			anly ane cause per line for (a), (b) ISED BY:  IATE CAUSE (a)  DUE TO, OR AS A COS  (b)  DUE TO, OR AS A COS  (c)	EOUENCE OF	Respondition Failure d metaste	Arred Nr. a. Color	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEA!
ony injury.	CERTIFICATION	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING			200 AUTOPSY? 206. IF	GIVEN IN PART 1101 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
G		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MONTH	DAY YEAR		YES NOW NOTE OF INJURY IN ITEM	YES NO
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MPOR AN		DR. ZAMAN	<i>I</i>		MEMORIAL HOS CUMBERLAND,	MARYLAND 21	AL BUILDING 502
		BURIAL, CREMATION, REMOV (SPECIFY) BURIAL			CEMETERY OR CREMATORY MEMORIAL PARK	23d LOCATION CITY OF TOWN CLIMBERT AND AT	LEGANY MARYLAN

250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR
SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND

DHMH - 16 60M 7/B4

(VRA 15, 4)





(VR A15 ME (5)) 20M 4/B2

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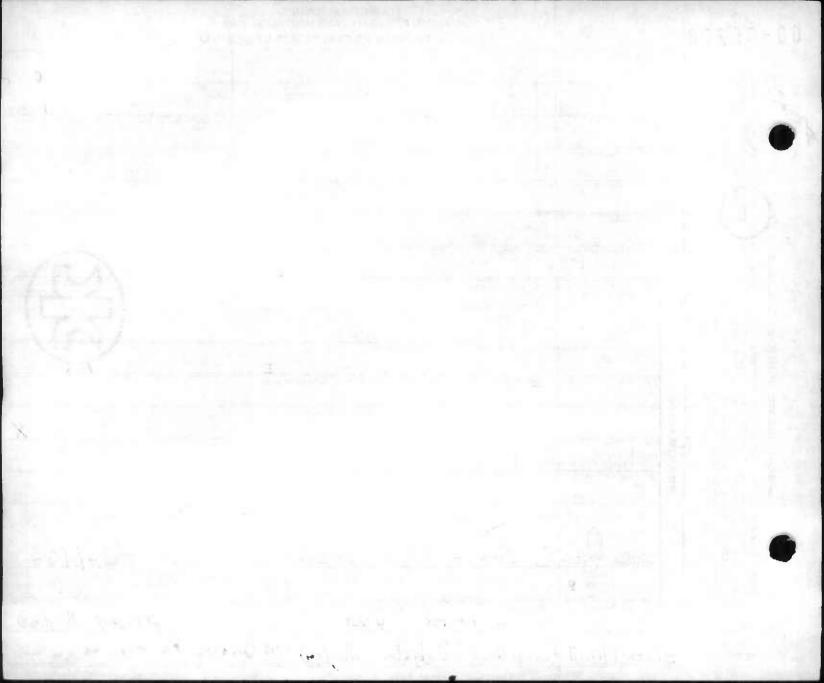
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	VOS	AS DECEASED EVER IN U. S NO OR UNKNOWN)  (IF Y	ES GIVE WAR	OR DATES	1518889	5	Mary Moore	Same as #13	
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		gove rise to immedia couse (a), stating to underlying couse la	he st.	DUE TO, OR A					VEN MARKET
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metal I	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC  PORT 2 OTHER SIGNIFIC  PORT 2 OTHER SIGNIFIC  PORT 2 OTHER SIGNIFIC  PORT 3 OTHER SIGNIFIC  PORT 3 OTHER SIGNIFIC  PORT 4 OTHER SIGNIFIC  PORT 4 OTHER SIGNIFIC  PORT 5 OTHER SIGNIFIC  PORT 5 OTHER SIGNIFIC  PORT 6 OTHER SIGNIFIC	ANT CONI  OF DEATH AMINER;  In on on one of the one of	196 CONDITIONS CONTINUED TO THE PLACE OF LATHOUS STREET OF OF	INJURY MONTH D  INJURY FACTORY OFFICE  Geosed from 19 er death.	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC.	21c. HOW INJURY OCCU 21f. LOCATION 51REET  21d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN  22e. ADDRESS	200 AUTOPSY?  YES NO YES NO YES IN CERTI YI  RRED (ENTER NATURE OF INJURY IN ITEM 18  CITY OR TOWN  MEDICAL STAFF DIRECTOR PHYSICIAN	COUNTY STA
7	MEDICAL CERTIFICATION	Couse (a), stoting the underlying couse lo PART 2 OTHER SIGNIFIC  Part 3 OTHER SIGNIFIC  Part 4 OTHER SIGNIFIC  Part 5 OTHER SIGNIFIC  Part 6 OTHER SIGNIFIC  Part 6 OTHER SIGNIFIC  Part 7 OTHER SIGNIFIC  Part 7 OTHER SIGNIFIC  Part 8 OTHER SIGNIFIC  Part 8 OTHER SIGNIFIC  Part 8 OTHER SIGNIFIC  Part 9 OTHER SIGNIFIC  Pa	ANT CONI	196 CONDITIONS CONTINUED TO THE PLACE OF LATHOUS STREET OF OF	INJURY MONTH D INJURY FACTORY OFFICE Per death.	DEATH BUT H OPERATIO  AY YEAR 19  FARM ETC.	216. HOW INJURY OCCU 216 LOCATION STREET  19 10d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS  900 Setor	200 AUTOPSY?  YES NO NO NOTE IN CERTIFYED REPORT NATURE OF INJURY IN ITEM IB  CITY OR TOWN  A DEDICAL PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR Cumberla:	COUNTY STA
7 23	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC  Part 2 OTHER SIGNIFIC  Pa DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYH OR CONTRIBUTING	ANT CONI	DITIONS CONTINUED THE PLACE OF LATE HOME STREET THE BODD	INJURY MONTH D  INJURY FACTORY OFFICE  er death.	DEATH BUT  OPERATIO  AY YEAR  19  FARM ETC.	216. HOW INJURY OCCU 211 LOCATION STREET  19 10 d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS  900 Setor	200 AUTOPSY?  200 IF YE IN CERTIFYED CERTIFYED CERTER NATURE OF INJURY IN ITEM 18  CITY OR TOWN  A DEDICAL DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH ES NO PART I OR PART 2]  COUNTY STA  19 that III (we will not only the causes state of the causes of
733	MEDICAL CERTIFICATION	Couse (a), stoting the underlying couse lo PART 2 OTHER SIGNIFIC  Part 3 OTHER SIGNIFIC  Part 4 OTHER SIGNIFIC  Part 5 OTHER SIGNIFIC  Part 6 OTHER SIGNIFIC  Part 6 OTHER SIGNIFIC  Part 7 OTHER SIGNIFIC  Part 7 OTHER SIGNIFIC  Part 8 OTHER SIGNIFIC  Part 8 OTHER SIGNIFIC  Part 8 OTHER SIGNIFIC  Part 9 OTHER SIGNIFIC  Pa	ANT CONI	DITIONS CONTINUE OF IT  196 CONDITION  216 TIME OF IT  HOUR A.M.  P.M.  216 PLACE OF  (AT HOME STREET  ATTEMPT OF IT  ATTEMPT OF IT  DITIONS CONTINUE  216 TIME OF IT  A.M.  P.M.  216 PLACE OF  (AT HOME STREET  ATTEMPT OF IT  ATTEMP	INJURY MONTH D  MONTH	DEATH BUT H OPERATIO  AY YEAR 19 FARM ETC.  WINAME OF CURSET	216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. LOCATION 518EE1 216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. HOW INJURY OCCU ATTENDING PHYSICIAN 220. ADDRESS 900 Setor EMETERY OF CREMATORY Mem. Park	200 AUTOPSY?  200 IF YE YES NO 200 IF YE IN CERTIF YES NO 300  CITY OR TOWN  A DRIVE, Cumberla  23d LOCATION CITY OR TOWN  CUMberland  A 100  Cumberland  A 100  Cumberland  C	COUNTY STA

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00-	00200		FOR STATE			HEALTH AND MENT	10 /	1 5	13	3
UU	09760		REGISTRAR			IER'S CERTIFICAT		G. NO.		
	10		CEASED NAME FIRST	MIE	DDLE	LAST	20 DATE KNOW OF ESTI-	N MONTH	DAY YEAR	26 HOUR
	의 목적 등 만		JAMES	S ARTI-	TUR	MORRIS	DEATH MATE	X JUNE		0845
,	海島田登園	3. SEX		5 DATE OF BIRTH	6. AGE (IN Y		NDER 24 HRS. 20 DATE	HINOM	DAY YEAR	2d HOUR
50	22 S S S S S S S S S S S S S S S S S S	MAT	E WHITE	FEB 1 192		RS. MONTHS DATS HOL	DEAD	JUNE 1	1986	18450
_	数者二至5mg	Ja Bil	RTHPLACE (STATE OR	76 CITIZEN OF WHAT		8. MARRIED   NEVER	MARRIED XI 9 BALTIMORE C	TY OR COUNTY	Y OF DEATH	
•	品商品 品商品		REIGN COUNTRY)	USA			VORCED ALLEGANY			MD.
	SENSON A		TY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOM	E, OR OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND OF BU	
	A PARTY	CI	JMBERLAND	321 NORTH	CENTRE "ST	REET	RETIRED ACCOU	INTANT C	ONST DUST	Ю.
	ST N SO		L RESIDENCE (IF IN NURSING HOA			ION)			010	2.4
3/	32000	130. S			CUMBERLAN	D YES Z N		ENTRE ST	REET	100
1	- 0.35		RYLAND ALL	EGANY I	JUNDEKLAN	- A	MAIDEN NAME	WILLIAM DI		
1	E-345//		FIRST	MIDDLE A CODE TO	LAST	FIRST	MIDDLE	MATT	LAST	
ORS	883 38 L	16n V	JAMES VAS DECEASED EVER IN U.S.	MORRIS	SOCIAL SECURI	HILDA TY NO. 17. INFORMAN		RESS		
MI.	# 5 5 5 V	(A)	ES. NO. OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)				AND CODE	THE CHECK	TOTAL AND
*	MITH WITH PAG DIVISI				233-34-57	35 ROBERT I	MORRIS 320 HOLLA	AND STRE	LET CUMP	
12	E ST WE		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	CED BY					BETWEEN ONSE	ET AND DEATH
N.	A MANAGER		IMMED	DIATE CAUSE (o) CARD	IAC ARRES	<u>T</u>			SUDDEN	4
PRESTON ST	NA STATE		Conditions, if any, wh		A CONSEQUENCE					
2	MITHIN NCIL IN NCIL IN INCIR A REMORTE A REMO		gove rise to immedia	ote (b) CAR	DIAC ARRY				1 HOUR	<u> </u>
3	A PARA		couse (a) stating the und lying couse lost.	DUE TO, OR AS	A CONSEQUENCE	OF				
201	PENAGO					Y HEART DISE			YEARS	
DIVISION OF VITAL RECORDS.	ALD BE EXECUTION FOR THE MEDICAL EXECUTION AS A BURBA HEALTH AND A HEALTH AND A LICREMATION ALL CREMATION		PART 2 OTHER SIGNIFICANT CONDITION	DNS CONTRIBUTING TO DEATH BUT I	NOT BELATED TO THE TER	MINAL DISEASE DR CONDITION GIVI	EN IN PART 1 (a)			
000	P ASA -	ě		ND HYPERTENS	TON				Ter conservation	
2	CA TEST	13	190 DATE OF OPERATION	19b. CONDITION	N FOR WHICH OPE	RATION WAS PERFORMED	)?		20 AUTOPSY	?
711	385 J 88	CERTIFICATION							YES 🗌	NO
O.	AEN	Ö	210 EXTERNAL CAUSE WAS	21b. TIME OF IN. HOUR A.M. M			CURRED LENTER NATURE OF INJURY IN IT	EM 18 PART I OR PAR	T 2)	
Z	SE OSER	3	CONTRIBUTING CAUSE	OF DEATH P.M.	19					
/ISI	PR PEP	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF I	NJURY (AT HOME,	211 LOCATION STREET	CITY OR TOWN	cou	INTY	STATE
ō	ARD	2	WHILE NOT WHILE AT WORK		, , , , , , , , , , , , , , , , , , , ,					
	NRR, THIS CERTIFICATE HICATE, WRITING THE WORE TORWARDED TO THE CITOR, PAGE 3 SHOULD B-LITHE STATE DEPARTMENT THE DEPARTMENT THE DEPARTMENT THE STATE DEPART			orge of the remains describ	ed above held an	Autopsy . Ins	spection A, Inquiry	ond in my opi	inion	
	A SO DE NA			*X		uicide , Homicide	Undetermined monner	Π.		
-	REC REC ATH	-	death resulted from: No	oturol couses Ac	cident LL, s	TITLE (SPEC			, ,	
	A A		ACTUAL COL	ly brevi. ~	_	MD PRTY		DATE	6/1/	86
	ZER SER		SIGNATURE			MaD.	MEDICACENAMINER	SIGNE	0	
	AND		EXAMINER'S NAME PAL	JL SNOW		ADDRESS	ORJAL HOSPITAL	CUMEERIA	AND MD.	
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STILL BALLIMORE, MARYLAND, 2	23n B	URIAL, CREMATION, REMOVA	LI 23h DATE	123r NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
		130.0	BURIAL			p vet. cenet	CILY OR TOWN	Allegar	NY MAD	YLAND
07/84 25M	BP	24 F	UNERAL DIRECTOR	1.0112 -7 2700	1,000,0		DATE REC'D. BY REGISTRAR 256		1.1111	1-11-1
	DHMH - 17 (VR A15 ME (5))	1	- MariTT I	FINIPAN LADORESS	Cumpools	ND Mordanha	JUN 04 1000 /	C. Kar	70 m	
	((C) JAN CIA AV)		1-LOX ///C/////	YVURAL POME	CUITIDEKU	I I I I I I I I I I I I I I I I I I I	17(7()	and the same of the same of the same of	The same of the same	7



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75	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	15/34
1	1 DECEASED NAME FIRST (1YPE OR PRINT) Clar		Mullan	20 DATE OF DEATH MONTH	11 86 4:30
	3. SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
-	Female	White	Jul. 29, 1891	94 YE	MONTHS DATS HOURS M
	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	* MARRIED NEVER MARRIED WIDOWED NO DIVORCED	BALTIMORE CITY OR COU	NTY OF DEATH
g/)	Cumberland	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION T ADDRESS)  Nursing Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Housewife	IZB KIND OF BUSINESS INDUSTRY  Own Home
must be	13a. STATE 13b C	OUNTY 136. CITY OR TOV	RE ADMISSION) VN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	
Examine	14 FATHER'S NAME FIRST  Charles	MIDDLE LAST	15 MOTHER'S MAIDEN NA PIRST  Lena	MIDDLE	Schmidt
pedicol	160 WAS DECEASED EVER IN U.S		URITY NO. 17 INFORMANT	ADDRESS  Kight Cumb	erland, MD
shows ony injury, or other troumotic even	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DIATE CAUSE (a)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  NT CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHILE	JENCE OF  JENCE OF  DEMN BU NOT RELATED TO THE TERM  DATE OF NO WAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO}\)
ked or Item 18	OR CONTRIBUTING CAUSE O  (IF EITHER, NOTIFY MEDICAL EXAN  WHILE AT WORK  AT WORK	P.M.  21e. PLACE OF INJURY	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	COUNTY STAT
IMPORTANT: If Item 21 is mort	22a I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (di 22b. SIGNATURE A. Ram 22d PHYSICIAN'S NAME (	nospital) attended the deceosed from e on 5 19 d not) view the body ofter death.	DEGREE ATTENDING PHYSICIAN [ 27e ADDRESS	deoth occurred on the dote ond  MEDICAL STAFF DIRECTOR PHYSICIAN  Dr., Cumberlan	221. DATE SIGNED 6-11-8
M 7/84	23a. BURIAL, CREMATION, REMO (SPECIFY)  BUTIAL  24 FUNERAL DIRECTOR  NAME		NAME OF CEMETERY OR CREMATORY  S. Peter & Paul  156. DA	123d LOCATION CITY OF TOWN  C CUMBER 1 ST	COUNTY STAT

DHMH - 16 60M 7/84 (VRA 15, 4)

Pamale Jul. 19, 1891 04

End. Use Val.

Cumberland Lions Manor Mureing Mone Lousewife Own Howe

MD Millegany Cumberland X 534 Valley St. 21502

Charles M. Toibl Lena Schmidt

Mo William G. Kight Cumberland, MD

Burial Juni4, 1986 SS. Peter & Paul C. Cumberland Alegany AD william G. Kight Cumberland, AD

ng ah sicion and completely filled in by

papers. Poges

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5

REGISTRAR		42.		REG. NO.	
1. DECEASED NAME FIRST	MIDDI	LE .	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
BERNA	RD STEE	PHEN NA	LLY	June 23, 198	6 8:25 a.m
3. SEX	4. RACE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
/ Male	White	Jul	Ly 20, 1907	78 YRS.	
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8.	RRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
Maryland	USA		OWED DIVORCED	Allegany	MD.
10. CITY OR TOWN OF DEATH		PITAL, NURSING HO	ME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
Cumberland		al Hospita		Road Worker	Co. Road Dep
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	E
	arrett	Oakland	YES NO	23 E. Water St	reet, 21550
14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
	Augustus	Nally	Delia	Cecilia Re	eynolds
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16h	SOCIAL SECURITY N	IO. IT. INFORMANT	ADDRESS	
no (TES, NO OR UNKNOWN)	GIVE WAR OR DATES)	217-18-481	2 V. Irene Na	lly See #13 abo	
18 CAUSE OF DEATH (Enter		for (01, (b), and (c).)	1 /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	IATE CAUSE (a)	rdire /	rest		
	DUE TO OF A	S A COMSPOUEMICE	of O		
Conditions, if ony, which	(b) (C	nelso ful	mars Ilsi	esse	
gove rise to immediate couse (a), stating the	DUE TO OR A	S A CONSEQUENCE	ar .		
underlying couse lost.	(c)	2017	<u> </u>		
	T CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MNAL DISEASE OR CONDITION GI	VEN IN PART 110
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	COLOR	MAMan-	Theh lug !	) we see	
3 190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPER	ATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
I F		W	A		ES NO
			EAR 216. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAM	NER) P.M.	10/18	19	4	
(IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED	21e PLACE OF		21f LOCATION STREET	(ITY OR TOWN	COUNTY STATE
AT WORK AT WORK	y / !	18		1/12	-6
22a.l certify that (1) (this ho	spital) attended the d	eceosed from	5/60 1986		, 19, that (I) (we) lost
sow the deceased olive obove, (1) (we (did) (did		r deoth.		deoth occurred on the dote and ha	
22b. 51GNACRE	0	~~	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
- Day	alo			DIRECTOR PHYSICIAN	10 10 80
22d. PHYSICIAN'S NAME (1)	PE OR PRINT)		22e ADDRESS Memor	ial Hospital & M	edical Center
Dr. Howard D	iener		Cumbe	rland, MD 21502	
23a BURIAL, CREMATION, REMOV			OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
Burial	6/26/86	0ak	land Cemetery	Oakland Gar	rett Maryland
24 FUNERAL DIRECTOR		AOORESS		TE REC'D. BY REGISTRAR 25b. REGIS	
Bradley A. Stewa	art Oaklar	nd, Maryla	nd 21550	02 1988 Julia	Dendery Kendur

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR hould be detached MPOSTANT II III FOR

81 09

director, page 3 hours ofter death

within 24 hours ofte

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	8 6 REG. NO	o. 3	1 3 0
1. DECEASED NAME FIRST (TYPE OR PRINT)  ANNA	MAE	NEAG		20 DATE OF DEATH	MONTH DAY VI	26 HOUR 4PM M
J. SEX Female	WICAU	5. DATE OF	BIRTH DAY YEAR 9 /837	6. AGE (IN YEARS LAST BIR	YRS	DAYS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  HOP MD	76 CITIZEN OF WHAT COUN	MARRIED WIDOWED		9 BALTIMORE CITY O	GANY	MD.
LONACONING	EGLE N	URSING	HOME	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSE WIF	F WORKING LIFE) INDU	IND OF BUSINESS OR STRY
130 STATE 136 COU	PROTHER INSTITUTION GIVE RESIDENCE INTY SCANY FROST	TBURG	3d Inside City Limits? Yes No 🗌	13e.STREET ADDRESS	ZIP CODE STAVEAU	E 2153
ANJEL U	7	uGH	AMY  AMY	MAY	, , ,	Homas
160 WAS DECEASED EVER IN U.S. A (YES NOOR UNKNOWN)   1 18 YES G	RMED FORCES? 16b SOCIAL IVE WAR OR DATES) 2/6 -		Egled an	sing Amer	Lonain	ing Mil
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one cause per line for (a), ( ED BY: ATE CAUSE (a)	bi, ond je	( had	farler	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH  VILONAL
Conditions, if any, which gave rise to immediate couse to stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF				0
PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	2011 ON CONTRIBUTION FOR	G TO DEATH BUT N	ences 17	200 AUTOPSY?	DITION GIVEN IN PA 20b. IF YES, WERE F IN CERTIFYING CA	INDINGS USED
	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES	NO []
THE STATE OF CONTRIBUTING CAUSE OF DISCONTINUOUS CONTRIBUTING CAUSE OF DISCONTINUOUS CAUSE	21e PLACE OF INJURY (AT HOME STREET, FACTORY O		21f LOCATION STREET	CITY OR TO	wn coun	ATY STATE
220.1 certify that (1) (this hosp saw the deceased alive a above, (1) (we) (did) (did n	£ 211	f, Al-	that in (my) (aur) opinion	death accurred an he do	te and hour and fran	m the causes stated
226 STGNATURE		WO	EGREE ATTENDING PHYSICIAN [	MEDICAL STAI	FF _ /	DATE SIGNED
D. F. MOR	NGC+		55 DACK	501X 5T	· LON A	(CIVING
230. BURIAL, CREMATION, REMOVA	1 236 DATE DUNE 15/982	FROSTBL	RE MEIN	23d LOCATION CITY ROWN	TBURG /	40. STATE
DURST FUN	ERAL HIME	FROST	BURG PAJUN	TE REC. D. BY REGISTRAR	256. REGISTRAR'S SIC	3NATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been retained by the haspital ar attending physician.

7	Catherin	165	Ther	omo	lorff	June 5	Š,
1.58)	emale	4 RACE White		3. DATE O		82	940
OFFICE CONTRACTOR	RTHPLACE (MAN OF SOMEON TY Land	% CITIZEN O	F WHAT COUNTRY?	MARRIE	D NEVER MARRED	BALTIMORE CITY O	7
11	TY OR TOWN OF DEATH	LE NOT IN SI	FHOSPITAL NURSIN DCHFACUIT SMISHRIT red Heart	G HOME C	OR OTHER INSTITUTION	Nurses Aid	0
33a S	ALRESIDENCE OF MURRING HOM ON THE STATE TYLAND ALLE		Western	N	134. PNSIDE CITY LIMITS? YES AND A	325 Vine S	
) He	ONTY VAS DECEASED EVER IN U.S. AR		Nau Tan Social Secu	RITY NO:	Mary Mary Delores Orno	rancis ADDRE	
		DUE TO 1	OR AS A CONSEQUE	NOT OF			20
CATION	Conditions, if any, which gove the to immediate cause for stating the underlying could lost.  PART 2 OTHER SIGNIFICANT (6)  184 DATE OF OPERATION	DUE TO G	OR AS A CONSEQUE CONTRIBUTING TO D CONTRIBUTION FOR WHICH	CE ATH BUT	NOT RELATED TO THE TERM		J
CAL CERTIFICATION	gove rise to immediate cover so, stating the underlying course lost.  PART 2 OTHER SIGNIFICANT U. 6.7	DUE TO:	OR AS A CONSEQUE CONTRIBUTING TO D CONTRIBUTING	CEATH BUT OFERATION	NOT RELATED TO THE TERM	VES IN NOT	Ī
MEDICAL CERTIFICATION	gove rise to immediate coose so, stating the underlying coulse lost.  PART 2 OTHER SIGNIFICANT I  184 DATE OF OPERATION  216 ACCESSIVE WELL VOCALTIES CONCOMERCIANS IT CAUSE OF DE	OUE TO,	OR AS A CONSEQUE CONTRIBUTING TO D CONTRIBUTING	DEATH BUT	NOT RELATED TO THE TERM	VES IN NOT	Ī
Surger II	gove rise to immediate course co.; stating the underlying course lost.  PART 2 OTHER SIGNIFICANT I  THE DATE OF OPERATION  THE DATE OF OPERATION  THE INTER SIGNIFICANT I  THE INTER SIGNIFICANT INTERED  WHILE TO NOT WHILE THE	DUE TO:  OUE TO:  (c)  CONDITIONS ()  The CON  The PLACE ()  The PLACE ()  doil) attended ()	DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY, DHIVE A	OFFATION YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED  THE HOW INJURY OCCUR  THE LOCATION NAME TO THE TERM TO THE TE	AINAL DISEASE OR CONT 70s AUTORY) YES [] NOT RED LENTER VALUE OF AUGUS EPIT OR TO	I

Boals Funeral Home

111 Church Street

REGISTRAR Westernport, Md. 21562

FOR

1 - STATE

THE DATE OF DEATH 2s. HOUR 1986 11:45PM IN CHIDDRY 1 YEAR COUNTY OF DEATH County 176 KIND OF BUSINESS OF Hospital WORKING LIFE ZIP CODE 21562 1411 Shaffer mport. Md. TION GIVEN IN PART I'm IN LETES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [T NO IT INVESTIGATION OF PARTY OF PARTY TO COUNTY STATE 19\_\_\_\_\_ that (II (we) fast e and how and from the course stated 2h: DATE SIGNED AN rland, Md. 21502 Md STATE Allegany 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Boals Funeral Service Westernport, Md. DHMH - 16 60M 7/84 Filis Davidson Bandalle (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.	
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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed retained by the haspital or attending physician.

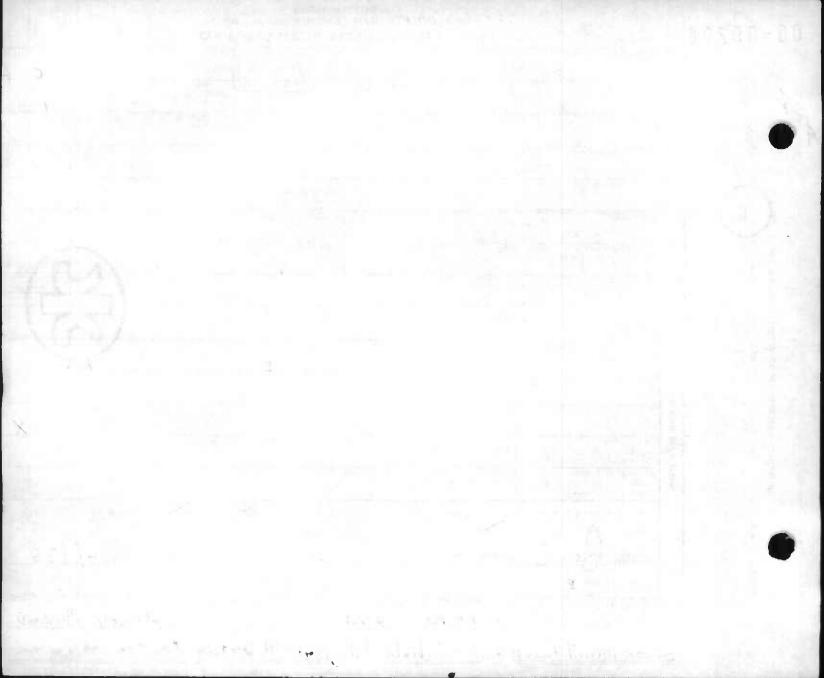
BP\_ DHMH - 16 60M (VRA 15, 4)

0-0953

within 24 hours after death Page 4 may be

	DECEASED TYPE OR PRINT	1	Paul	Wi	lliam		ore		May 29,		DAY YEAR	1:05A
8	SEX			4 RACE		5. DATE (	OF BIRTH	YEAR	6. AGE (IN YEARS LAST B	RIHDAY	MONITO DAYS	IF UNDER 24 H
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_	A STATE OF THE STA		death resulted from:	Natural causes	Accident,	Suicide	, Hamicide ,	Undetermined mani	ner,			
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(Fee)		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE			
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Total and		VAS DECEASED EVER IN U.S. AR	MED FORCES?	16h SOCIAL SECU 216-22-5	RITY NO. 17	INFORMANT		ADDRESS		
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on.  hos been signed by the ot permit. Then pleose remove ene prior to buriol, cremoti ows ony injury, or other troi	CERTIFICATION		conditions co	00	DEA/H BUT NOT	RELATED TO THE TEL	RMINAL DISEASE OR	? Z0b. IF	YES, WERE FINDIN RTIFYING CAUSES YES []	IGS USED
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hysicion. Incorsit permit. T Hygiene prior 18 shows ony ir		2]a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CAUSE OF DEA	ATH HOUR A.	M. MONTH DA	YEAR	. HOW INJURY OCCI		DE INJURY IN ITEM 1	18 PART   OR PART 2	
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Burial Juni4, 1986 SS.Poter & Paul C. Cumberland .llegany ID .illiam d. Kight Cumberland, ND

40-	11774	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6	5 7 3 5
.5	2.4	I. DECEASED NAME FIRST (TYPE OR PRINT)  BERNAF	RD STEPHEN	NALLY	June 23, 1986	2b HOUR 8:25 a.M
4 mo		) Male	4 RACE White	5. DATE OF BIRTH  July 20, 1907		FUNDER TYEAR IF UNDER 24 HRS
0	183	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY O	OF DEATH MD.
101	Fed Fed	Gumberland	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Memorial Hosp	NG HOME OR OTHER INSTITUTION ADDRESS) ital	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Road Worker	12b. KIND OF BUSINESS OR INDUSTRY  Co. Road Der
AND 212	filled in	Maryland Ga	or other institution, give residence before JNTY 13c. CITY OR TOW rrett Oaklar	N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 23 E. Water Stre	
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TIMORE be execu	S. Pogr	(15 WAS DECEASED EVER IN U.S. A (15 YES, G)	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 217–18–		ADDRESS Lly See #13 abov	
ST., BAL	g physici anpaper emaval.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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01 W. PF	d by the lease rem ral, cremo	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	) (A	-	
2 0	E 0 5 %	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1 In

CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TO NOL NO [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. YEAR OR CONTRIBUTING LAUSE A DEATH P.M 21e. PLACE OF INJURY 211 LOCATION ANTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 220 I certify that (1) (this haspital) attended DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING ne ADDRESS Memorial Hospital & Medical Center Dr. Howard Diener Cumberland, MD 21502 230 BURIAL, CREMATION, REMOVAL 23d LOCATION

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT II

Burial 24 FUNERAL DIRECTOR

Bradley A. Stewart

6/26/86

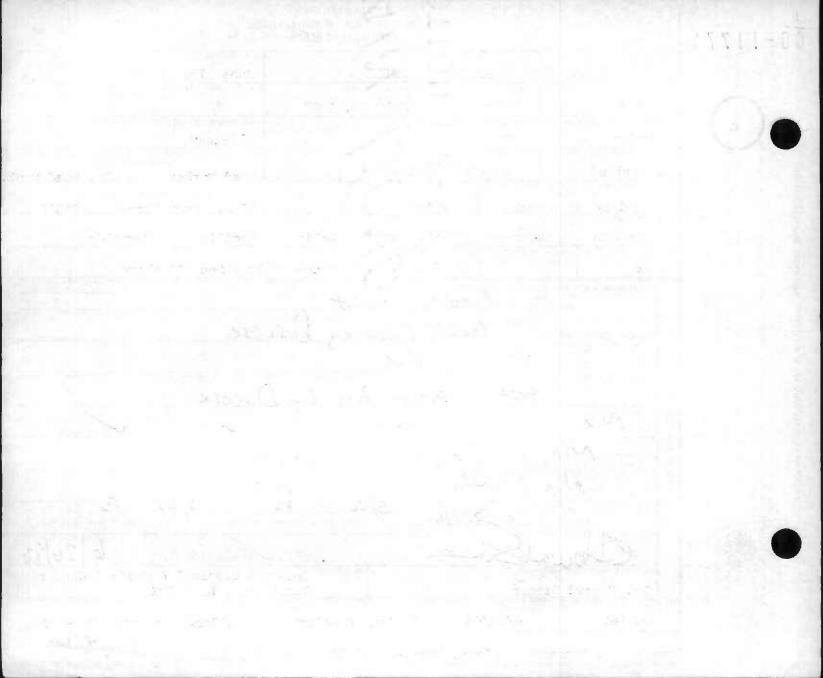
23c NAME OF CEMETERY OR CREMATORY Oakland Cemetery

Oakland, Maryland 21550

CITY OR TOWN Oakland

Garrett Maryland

die Dander



	1			STAT	E OF MARYLAND						
00 0001	1.	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL	HYGIENE 8	6	15/	3 6		
00-0981	1 DE	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF	REG. NO	H DAY YEAR	In usus		
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The second		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME (	OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORK		F BUSINESS OR		
	-	NACONING	EGLE NO	URSING	HOME		WILE	(INO TIFE) INDUSTRY	OWNH		
24 hou		AL RESIDENCE (IF NURSING HOME O	NTY 13t. CITY OR	BEFORE ADMISSION	13d INSIDE CITY LIMITS		DDRESS / ZIP	CODE	253		
Show the show	14. F/	ATHER'S NAME	COFFIN   PROSI	Bure	15 MOTHER'S MAIDEN		PROST	HIOME	2122		
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dicol		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT		ADDRESS		• 0		
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hospitt NECTO Hed for tept. of l		sow the deceased alive or above, (1) (we) (did) (did no	of view the body ofter death		d that in (my) (our) opin	nion death occurred	on the date on	d hour and from the	couses stated		
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TAL OR 7y the ho RAL DIRE derocthe totte Dept		226 SIGNATURE  226 PHYSICIAN'S NAME (TYP	J. Nix	vo,	my		MEDICAL STAF	F (/	17/8						
O FONE O FONE O FONE A SHAPE MPORTA		WALLY S. HI	JAB, M.				ON DRIVE CUME	BERLAND, MD.	2150						
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	Harvey H. Zei	gler H	yndman, P	A 15	545 <b>3</b>	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNA	TURE						

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016		REGISTRATROSTBURG,	MD 21	532		FICATE OF DEATH	O REG. N		2 1 7	1
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irmit. Then please removes print to burial, cremotial removing injury, ar ather traus	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	conditions <u>c</u>		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	206 IF YES, W	VERE FINDINGS US	ED ATH?
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ond Mentol Hygie		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	110110 1	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
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jo po	MED	21d. INJURY OCCURRED  WHILE NOT WHILE		E OF INJURY STREET, FACTORY, OFFICE	FARM STC )	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
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15.0		220.1 certify that (1) (this haspi saw the deceased alive on	toll offe goed	the deceated from	No o	na that in (my) (aur) apinio	n death accurred on the d	ote and how or		(we) lost
em 2		above, (I) (we) (did) (uffi ad 22b, SIGNATURE	Tomew Mile hoo	ly ofter death. All		DEØREE		010 0110 11001 01	27c. DATE SIGNED	
# #		10	0×1	Huth	n	ATTENDING	MEDICAL STA	FF CIAN C	6/5/1	0/
TANT:		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	W	-	PHYSICIAN 22e ADDRESS	DIRECTOR   PHYSIC	IAN []	10/0	10
IMPORTANT:		RICHARD SC	HMITT.	MD		900 SETON	DRIVE, CUME	BERLAND.	MD 21502	,
3 3	23a B	URIAL, CREMATION, REMOVAL			NAME OF (	CEMETERY OR CREMATORY	23d LOCATION			
		BURIAL	6/6	/86 EC	KHAR	T CEMETERY	ECKHART	A 600 mm		5TATE
16 60M 7/84 A 15, 4)	sc	WERS FUNERAL	HOME	160 22	MAIN	ST . 250 D		25b. REGISTRA	R'S SIGNATURE	

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.				

I D	ECEASED NAME FIRS		WIDDLE	LAST	20 DATE OF DEATH MOI	INTH DAY YEAR 26 HOUR
	PE OR PRINT)		= /	RACE	A A	5 24 86 135 AM
3. S		4 RACE	It DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	
3. 5						MONTHS DATS HOURS MIN.
Mr.	Male	White		an. 7, 1907°	79	YRS
70.8	SIRTHPLACE (STATE OR FOREIG	The second second second	WHAT COUNTRY? 8	RIED NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH
	Maryland	U.S.	A	WED DIVORCED	Allegany	ME
10 (	CITY OR TOWN OF DEATH		HOSPITAL, NURSING HOM		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	Frostburg	Frost	ourg Village	Nursing Home	Hechanic	ORKING LIFE) INDUSTRY Automobile
	JAL RESIDENCE OF NURSING HO	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSIO	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	IR CODE
		Allegany	Frostburg	YES NO		1 St., 21532
Distance in contract of	ATHER'S NAME			15 MOTHER'S MAIDEN NA		2 - 000 - 27/2-
	John	P. MIDDLE	Race	Emma	MIDDLE	Evans
160	WAS DECEASED EVER IN U.		16h SOCIAL SECURITY NO		ADDRESS	
		ES GIVE WAR OR DATES				21 Greenbrier Ct.
_	NO		217-01-7227	James E. R	ace, Frostbur	
100	18 CAUSE OF DEATH (En	ter only one cause per	line for ia , (b), and ic	4 0	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (a)	Kerp	watery Fail	hul	
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			R AS A CONSEQUENCE OF	lane · Abelia	neprie king,	Di h poso
	Conditions, if any, while		10001	vomice Opport	reine i j	0-11-0-1
	couse (a), stating th	he DUE TO, O	R AS A CONSEQUENCE ON	0 1		
	underlying cause la	st. (c)	an	) completes	und	
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
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A	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERAT	TION WAS PERFORMED	20a AUTOPSY? 20	ON IF YES, WERE FINDINGS USED
FIC					_ T	N CERTIFYING CAUSES OF DEATH?
CERTIFICATION	a according was interested	NG 716 TIME C	SE INTUINA	11. HOW INTERPLACED	YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	110110 4	M. MONTH DAY YEA	AR ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	CITEM IS PART I OR PART 7)
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MEDICAL	21d INJURY OCCURRED	21e PLACE		211 LOCATION	CITY OR TOWN	COUNTY STATE
×	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, FARM ETC 1	STREET	(III OR TOWN	STATE
		1 1 1 1 1 1 1 1 1 1	1 1/	1 2/	517	10 181
	220.1 certify that (I) (this	part .	011 (3)	19.55	. 10	1986 , that (I) (we) las
	saw the deceased ali abave, (I) (	did not) view the body	atter death.	, and that in (my) (our) opinion	death accurred on the date	and hour and from the causes stated
	22b. SIGNATURE	71	11	DEGREE		220 DATE SIGNED
		) ( dan	Mrn 70	ATTENDING PHYSICIAN I	DIRECTOR PHYSICIAN	NO 5/24/8K
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS	The state of the s	
	S. T. So	ndhir, M.D	100	Franthene	Comm Hagnita	7 Frenchesses Wa
0.7						1, Frostburg, Md.
730	BURIAL, CREMATION, REMO	1		F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
	Burial	May 27	7, 1986 Frost	burg Memorial	Pk. Frostburg	g, Allegany, Md.
24	FUNERAL DIRECTOR			25a. DA	TE REC'D. BY HE GISTRANDS	NEGGTEAR'S STOMASTREE
	Durst Funer	al Home. I	Frostburg, Md	. 21532 JUN	00 1900 guia	Maniaga Aliania

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S. L. Servikler, V.D.

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Philadelphia Andrew Assessment American Continues Section 1987 1987 1987 Secretary Commerce Territary and and the

-	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the depth certificate be executed within 34 hours after death. Page maked by the hospital or attending physician.	O FUNERAL DIRECTOR After this certificate has been upped by the priesiding Arybinan and completely filled in by the funeral direct handle be detached to use in the build transit permit. Then please service carbo pages 15 ages 1 and 2 should be filled within 22 hours.
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10	1	FRANK	WILLIAM	SCARCELLI	JUNE 4, 1986	5:50
3 4	1/58	*	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS N
11 .	74.6	MALE  WITHFLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	6/3/11	9 BALTIMORE CITY OR COU	VRS UNITY OF DEATH
19 2/4	-	MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS
150	a	JMBERLAND	SACRED HEART	HOSPITAL	SPINNER	CELANESE
54 4	出30	51 ATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BI		S? 13e STREET ADDRESS / ZIP (	CODE FROSTPURG
S			E <b>G</b> ANY ECKHAF	YES NO X	P. O. BOX	
14/1	1,4	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	WIDDLE	(AST
2 4 -	140.	PIETRO WAS DECEASED EVER IN U.S.	SCARCE ARMED FORCES? [166 SOCIAL'S			GRANATA
0 /	100		GIVE WAR OR DATES)	-4364MRS. KATHI	ECKHART LEEN_SCARCELLI	, MD 21528
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		PART I. DEATH WAS CAU	ISED BY:	the Road	ladure	BETWEEN ONSET AND DE
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the phendic mingray con emotion, or ar traumon		Canditians, if any, which gave rise to immediate cause (a), stating the	(b) (t)	Mension		
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and by the otherdor o please remove carl buriol, cremation, or by, or other traumats		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	Mension	TERMIN AL DISEASE OR CONDITION	N GIVEN IN PART 110
an signed by the priends. Then please services out to brink, cremation, or injury, or other traumation.	HON	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR SECULOR (c) (C	COUENCE OF		
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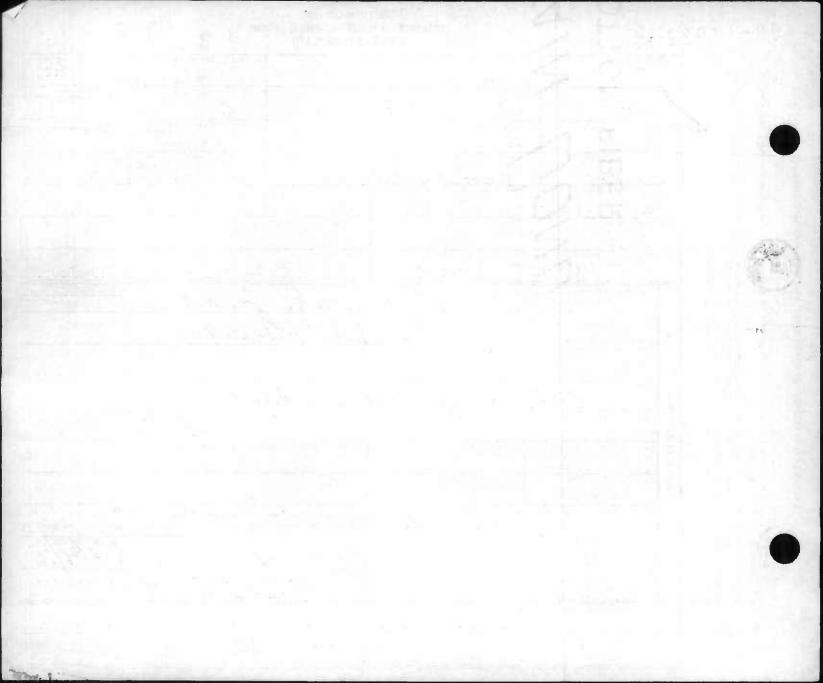
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

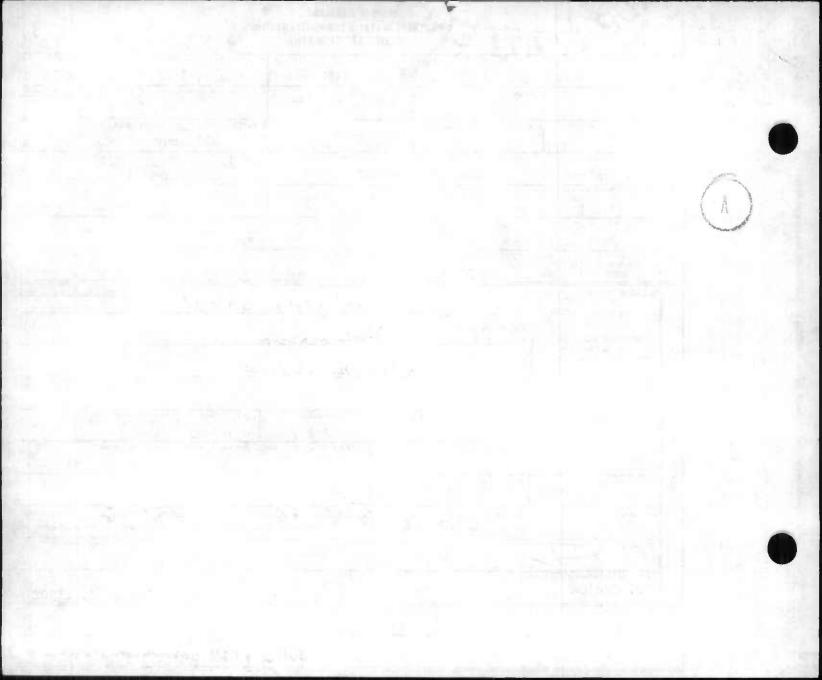
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9 -	FOR STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 6	NO	5 /	4
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202 Greene Street-Cumberland, MAryladn 21502



09673	1 -	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		5 /	48
	1 DE	CEASED NAME FIRST		MIDDLE	ī	AST			DAY YEAR	26. HOUR
nay be page 3 r death	,		ARLES	WILLARD	SI	RBAUGH	June 6, 1	986		2:14 <sup>A</sup> M
4 may	3. SE		4 RACE		S. DATE C		6. AGE IN YEARS LAST BIR	HDAY)	# UNDER I YEAR	IF UNDER 74 HRS
rs af		male	white		0	1-30-1919 YEAR	67	YRS		
ip pon	70 B1	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	_	Y OF DEATH	
Par a		MD	USA		WIDOWE		Alleg		386	MD.
50	10 C	TY OR TOWN OF DEATH  Cumberland	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, TEMOTIAL H	GHOME C ADDRESS) HOSPIT	or other institution	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST O TET. Brake	F WORKING LI	INDUSTRY	ilroad
( ALL)	USU.	AL RESIDENCE (IF NURSING HOMEO STATE 136 COUL MD A	R OTHER INSTITUTION NTY	GIVE RESIDENCE BEFORE 113c. CITY OR TOWN Cumber 1	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Flde	r Stree	t/21502
g gip	14. FA	John E. S.	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	a Shrout		LAS	
Pages 1			MED FORCES? WE WAR OR DATES)  N II	705-05-4		Mrs. Virgini	ADDR		Cumberla	nd. MD
vsicia pers. oval.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	d (ct.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
n signed by the attendi hen please remove carb to burial, cremation, o y injury, or other traur	NO	Conditions, if any, which gove rise to immediate cause (al., stoling the underlying cause lost  PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	nenmonia wani da wan da related to the term	SOL LINAL DISEASE OR CON	DITION GR	VEN IN PART 10	יב
te has beer permit. Th iene prior I shows an	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	NGS USED OF DEATH?
ter inscertificate has burial-transit perm and Mental Hygiene arked or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		Y YEAR	21c HOW INJURY OCCUR	RED LENTER NATURE OF INJU	RY IN ITEM 18.	PART 1 OR PART 2	
the buri	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DIRECTOR: red for use a rept. of Heal f Item 21 is		220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATULE		11	0	nd that in (my) (our) opinion of DEGREE	, to	ate and ha	-0	
retained by the hospital or TO FUNERAL DIRECTO should be detached for use with the State Dept. of He MPORTANT: If Item 21		224 PHYSICIANS NAME (1946) Dr. Janjua	OR PRENCTS			ATTENDING PHYSICIAN [  22. ADDRESS Memorial Ho Medical But	ospital	IAN 🗌	and, Md.	. 21502
	23a. E	BURIAL, CREMATION, REMOVAL		100	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
P		Burial	06-09	-1986 H	Iller	est Burial Pa	rk Cumberl	and	Allegan	y MD
DHMH-16 25M /RA 15, 4} 1/79		JNERAL DIRECTOR James F. Scarpe	elli, Cu	ADDRESS mberland,	MD 2	BAANA.	1 1986 Ju	256. REGIS	TRAR'S SIGNAT	URE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely fillind it with the fundation of a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be detached for use as the burial-transit please are provided by the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the medical examined miniting and an unitary and an instance.

00-10981

(TYPE OR PRINT)	NAME FIRST		MIDDLE	į,	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR
	RAYMO		NMI	SKID	MORE	JUNE 14,			10:30
3 SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDE		UNDER 24 HRS
MAL		WHIT		AUGUS'	Г 3 1920	65	YRS		
COUNTRY)	E   STATE OF FOREIGN	76 CITIZEN OF	F WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DE	EATH	
	YLAND	USA		WIDOWE		ALLEGANY			M
2 CUM	BERLAND	SACRED	HEART HOS	SPITA	R OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST RETTRED ET	OF WORKING LIFE) INC	KIND OF BUDUSTRY	
USUAL RESID 130. STATE	ENCE (IF NURSING HOME	UNTY	13c CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		215	
		LEGANY	CUMBERLA	ND	YES NO X	RFD# 3 BEI	FORD ROAL	510	Ua
	IRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
		LBERT	SKIDMORE		PHYLLIS		PRESSMAN	V	
(YES NO OR	EASED EVER IN U.S. A	GIVE WAR OR DATES)			17 INFORMANT	ADDR	ESS		
YES NO OR	W	W11	219-03-84	432 1	NADINE SKIDMO	RE RFD # BF	DFORD ROA	D CUM	BERLA
PAR	ISE OF DEATH (Enter T.I. DEATH WAS CAU IMMEDI	SED BY: ATE CAUSE (a)_	OR AS A CONSEQUE	Li	wer fait	ure	3.04	APPROXIMATI	T AND DEATH
gave	ions, if ony, which	(b)_							
underl	OTHER SIGNIFICAN	( Ic)_	OR AS A CONSEQUE	cluu	o cho fac	git. J	IDITION GIVEN IN	PART lia	
underl	(0), stating the ying cause last	( c)_ T CONDITIONS (	Becer	DEATH BU		VINAL DISEASE OR COM  200 AUTOPSY?  YES   NOW	ZOB IF YES, WERI	E FINDINGS CAUSES OF	
PART 2  PART 2  190 DAT	OTHER SIGNIFICAN  OTHER SIGNIFICAN  E OF OPERATION  IDENT WAS UNDERLYING  IRRUTING  CAUSE OF ER NOTIFY MEDICAL EXAMIN	T CONDITIONS (	OF INJURY  A.M. MONTH DA	DEATH BU	N WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, WERI IN CERTIFYING (	E FINDINGS CAUSES OF	DEATH?
PART 2 PA	OTHER SIGNIFICAN  OTHER SIGNIFICAN  E OF OPERATION  IDENT WAS UNDERLYING  RIBUTING CAUSE OF D	19b. CONI	DITION FOR WHICH OF INJURY	OPERATION  AY YEAR  19	n was performed	20a AUTOPSY? YES NO	206 IF YES, WERI IN CERTIFYING YES	E FINDINGS CAUSES OF	DEATH?
PART 2  PART 2  190 DAT  190 DAT  210. ACC OR CON (IF EITH AT WORK 270.1 ce saw	OTHER SIGNIFICAN  OTHER SIGNIFICAN  E OF OPERATION  IDENT WAS UNDERLYING  IRRUTING	19b. CONDITIONS (  19b. CONDITIO	OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  I REET, FACTORY, OFFICE, FA	OPERATION  AY YEAR  19  ARM EIC.)	N WAS PERFORMED  21c. HOW INJURY OCCUR	20a AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJI	206 IF YES, WERI IN CERTIFYING YES	E FINDINGS CAUSES OF N PART 2)	STATE
PART 2  PART 2  190 DAT  190 DAT  210. ACC OR CON (IF EITH AT WORK 270.1 ce saw	OTHER SIGNIFICAN  OTHER SIGNIFICAN  E OF OPERATION  IDENT WAS UNDERLYING  IRRUTING	19b. CONDITIONS (  19b. CONDITIO	OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  I REET, FACTORY, OFFICE, FA	OPERATION  OPERATION  Y YEAR  19  ARM ETC.)	21c. HOW INJURY OCCUR	20a AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJI	20b IF YES, WERI IN CERTIFYING YES   URY IN ITEM IS PART I OR  DWN  CO  22  Late and haur and I	E FINDINGS CAUSES OF N PART 2)	STATE  (I) (we) loses stated
PART 2  PART 2  190 DAT  210. ACC OR CON (IF EITH 21d. INJ WHILE AT WORK  220. J ce Saw abd  22d. PHY	OTHER SIGNIFICAN  OTHER SIGNIFICAN  E OF OPERATION  IDENT WAS UNDERLYING  IRRUTING	TONDITIONS OF THE PROPERTY OF	OF INJURY A.M. MONTH DA P.M. E OF INJURY 1 REET, FACTORY, OFFICE, FA	OPERATION  OPERATION  Y YEAR  19  ARM ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET  21l. tocation street  21l. tocation street ATTENDING	20a AUTOPSY?  YES NOW  RED (ENTER NATURE OF IN)  CITY OR TO  death accurred on the company  MEDICAL STA	20b IF YES, WERI IN CERTIFYING YES DURY IN ITEM IS PART I OR DWN CO	E FINDINGS CAUSES OF N PART 2)  DUNTY  6 that ram the caus R DATE SIG	STATE  (I) (we) less stated  NED

STEWN WARELL LIBERT NOTES Friedrich Skiedens States 187 1874 Amend Awarria Tuesta in the result district with this WELL VELANIA, IT

ATTENDING PHYSICIAN. The law requires that the

retained by the haspital or attending physician.

TO HOSPITAL

BP.

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tar. page 3 after death

STATE OF MARYLAND FOR STATE

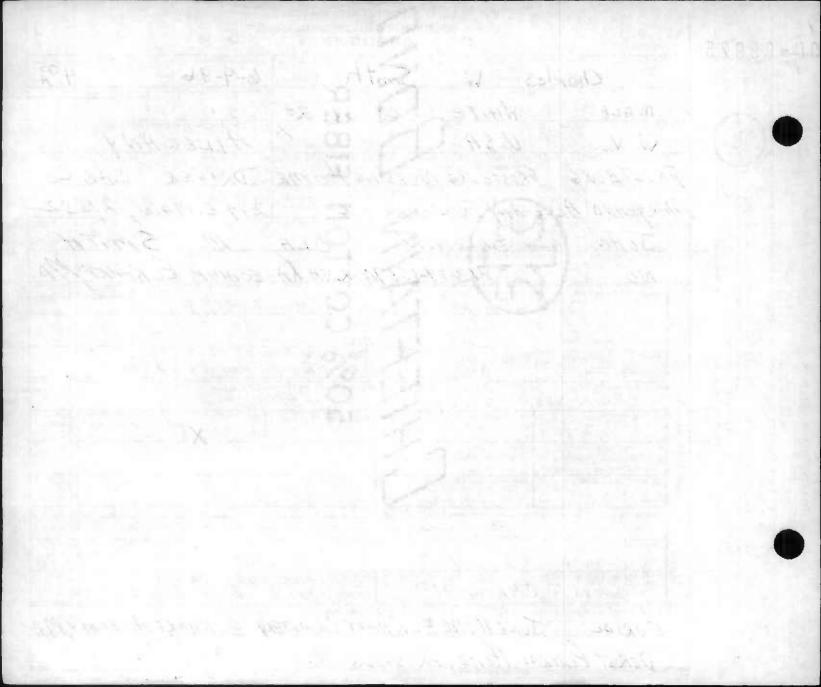
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

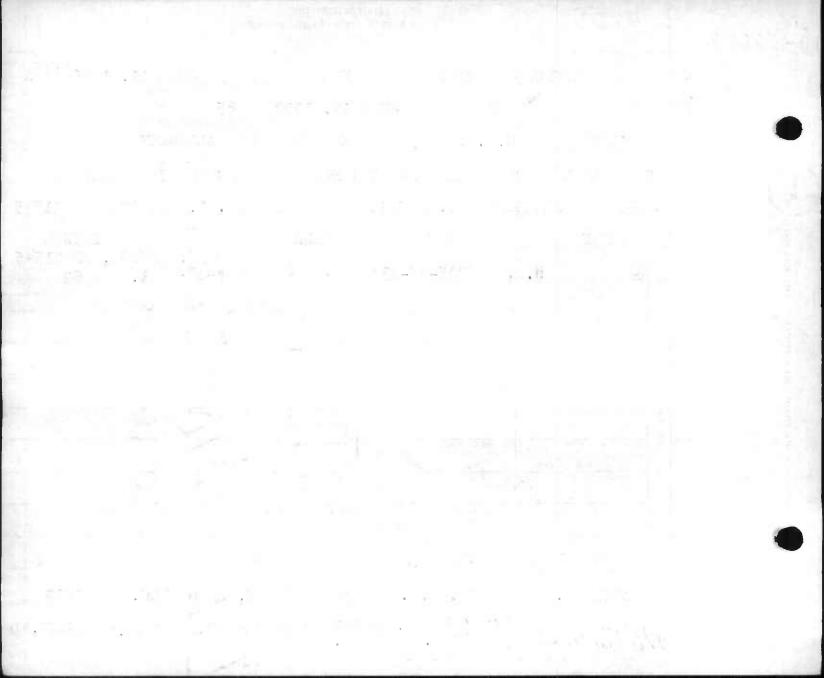
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P	REG. NO.	

1 5

	REGISTRAR					REG. NO.		
	DECEASED NAME FIRST SPECIAL PROPERTY OF PRINTS	es W.	Smi	th		6-9-86	DAY YEAR	25 HOUR 5 4 05
	MALE	WHITE	5. DATE OF	BIRTH DAY	28	6 AGE (IN YEARS LAST BIRTHDAY)  57 YR		IF UNDER 24 HRS
	W Va	7b. CITIZEN OF WHAT COUNTRY?	MARRIED		ORCED 🗌	BALTIMORE CITY OR COUNTY	ANY	MD
1	FROSTBURG	FROSTBURG N	URSI	/	OME	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		B CO.
Z	MARXIAND ALL	EGAN PROST	URG	13d INSIDE CI	NO 🗌	3 STREET ADDRESS / ZIP CO	DE 21	1532
	JOHN	SOLOMO LAST	N	- (	MAIDEN NAM	177	Smil	TH
16a	WAS DECEASED EVER IN U.S. AR/ (YES, NO OPUNKNOWN) (IF YES GIVE	WAR OR DATES) 2/3-24	-6587	NORM	A KAS	SECAMP, EC	KHAK	Mp.
	PART I. DEATH WAS CAUSED	y one cause per fine for (a), (b), at DBY E CAUSE (a) CARD (		PIRA	TORY	ARREST	BETWEEN	ONSET AND DEATH
1	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENT OF TO, OR AS A CONSEQUENT OF TO, OR AS A CONSEQUENT OF TO THE PROPERTY OF THE PROPE	RATI	ON SEVE	RE			
	underlying cause last  PART 2 OTHER SIGNIFICANT C	( CHRONI	C 013.		7	ULMONIARY DZ	GIVEN IN PART 1	a
CERTIFICATION	BRAIN ST	196 CONDITION FOR WHICH		WAS PERFO	RMED		YES, WERE FINDII RTIFYING CAUSES YES []	
	OF 10 10 10 10 10 10 10 10 10 10 10 10 10	HOUR A.M. MONTH D	AY YEAR	21c. HOW IN.	URY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC )	211 LOCATIO STREET	N	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive an abave, (1) (we) (did) (did not	al) attended the deceased from JUNE 4 19 view the bady after death	_		, 19 <u>86</u> our) opinion de	eoth occurred on the date and		
	226. SIGNATURE	hang M.		P		MEDICAL STAFF DIRECTOR   PHYSICIAN	G/	9/86
	SATURNINA T.	CHANG ME	D.	FROS	FROST BURG	MARYLAN)	0 215	32
L	BURIAL CREMATION, REMOVAL	JUNE 11, 1984 E	CKH	ART C	EMETER	23d LOCATION  ECKHARI	ALLEGA	ANY MA
24	DIERST FUNE	ear Home, Fi	ROSTA	BURG!	3	10 No PEGISTRARIZSIA REC	william IR	ELIREY.

DHMH - 16 60M 7/84 (VRA 1'5, 4)





	REGISTRAR WESTERNP	ORT. MD 21562	CERTIFICATE OF DEAT	REG. NO.	
	CEASED NAME FIRST WANDA	MAXINE	STEVENS	20 DATE OF DEATH MON	10 110011
V	Female	4 RACE White	5. DATE OF BIRTH	JUNE 26, 19 6. AGE (IN YEARS LAST BIRTHDA	
, i	COUNTRW. Va.	U. S. A.	MARRIED NEVER MARR	BED   SALTIMORE CITY OR CO	OUNTY OF DEATH
	Cumberland	SACRED HEART H	TADDRESS)	IN 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO  Domestic	
130 1	I I I I I I I I I I I I I I I I I I I	r Other Institution Give residence before NTY 13c. CITY OR TOV Rawlin	VN 13d INSIDE CITY LI	G At 3 Nox 2	33 hawlings I'd.
	"Fa. ry	MIDDLE Welch	Bea:	trice	Ğrinm
		VE WAR OR DATES)			E MG
IFICATION	Conditions, if any, which gave rise to immediate cause to stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	D VLES	D 200 AUTOPSY? 20 IN	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH?
-23	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19		YES NO
MED	21d. INJURY OCCURRED  NOT WHITE AT WORK			CITY OR TOWN	COUNTY STATE
	saw the deceased alive ar abave, (!) (we) (did) (did no	6-21 10	% 6 and that in (my) (aur)	apinian death accurred on the date of	
	226. SIGNATURE	nelaua	ATTEN	IDING MEDICAL STAFF ICIAN DIRECTOR PHYSICIAN	6-26-86
	THE FILL STRAME (TYPE	DK PKITH!			
	JOHN B. MEHA	NNA, MD	909-B SI	ETON DROVE, CUMBE	RLAND, MD 21532
,	JOHN B. MEHA  BURIAL, CREMATION, REMOVAL  BURIAL  JUNETAL DIRECTOR		NAME OF CEMETERY OR CREM		Port Missany "Mi
	10 C	70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY. Va.  10 CITY OR TOWN OF DEATH CUMberland USUAL RESIDENCE IF NURSING HOME OF DEATH (PROPERTY OF THE PROPERTY OF THE PR	76. BIRTHPLACE ISTATE OR FOREIGN COUNTRY! Va.  10 CITY OR TOWN OF DEATH CUMberland SACRED HEART  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORD  136. COUNTY 137. COUNTY 138. COUNTY 14 FATHER'S NAME FIRST (YES, PLOOR UNKNOWN) 15. CAUSE OF DEATH Enter only one cause per line for 101, b), or PART I, DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (0)  Conditions, if only, which gove rise to immediate cause (0), stating the underlying cause lost  Conditions, if only, which gove rise to immediate cause (0), stating the underlying cause lost  190. DUE TO, OR AS A CONSEQUENCE  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  191. CAUSE OF DEATH CONDITIONS CONTRIBUTING TO  192. DATE OF OPERATION  193. CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERLYING P.M.  211. NOT WHILE AT WORK  212. I CERTIFY that (1) (this hospital) attended the deceased from obove, (1) (we) (did) (did not view the body after death  192. Cause of the condition of the	To BIRTHPLACE   ISTATE OR FOREIGN   To CITIZEN OF WHAT COUNTRY?   S MARRIED   NEVER MARR   NEV	TO BIRTHPLACE (STATE OF FOREIGN TO COUNTY) BALTIMORE CITY OF COUNTY BALTIMORE CITY OF COUNTY BALTIMORE CITY OF COUNTY BALTIMORE CITY OF COUNTY BALTIMORE CITY OF CALLEGANY COUNTY BALTIMORE CITY OF TOWN OF DEATH COUNTY BALTIMORE CITY OF STREET ADDRESS).  18. CITY OR TOWN OF DEATH COUNTY STREET ADDRESS).  19. CITY OR TOWN OF DEATH COUNTY BALTIMORE CITY OF STREET ADDRESS).  19. CITY OR TOWN OF DEATH COUNTY BALTIMORE CITY OF STREET ADDRESS).  19. CITY OR TOWN OF DEATH COUNTY BALTIMORE CITY OF STREET ADDRESS).  19. COUNTY BALTIMORE CITY OF COUNTY BALTIMORE CITY OF STREET ADDRESS.  19. CITY OR TOWN OF DEATH CITY OF WORLD OF STREET ADDRESS.  19. CITY OR TOWN OF DEATH CITY OF STREET ADDRESS.  19. CITY OR TOWN OR STREET ADDRESS.  19. MARRIED NOVER MARRIED DOWN OF THE MARRIED OF COUNTY CITY OF STREET ADDRESS.  19. CITY OR TOWN OR STREET ADDRESS.  19. CITY OR TOWN OR STREET ADDRESS.  19. MARRIED NOVER COUNTY OF STREET ADDRESS.  19. STREET ADDRESS.  19. STREET ADDRESS.  19. STREET ADDRESS.  19. MARRIED NOVER COUNTY OF CITY OF WORLD OF STREET ADDRESS.  19.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

5

26 HOUR 7:20 AM

BOAL FUNERAL HOME

FOR

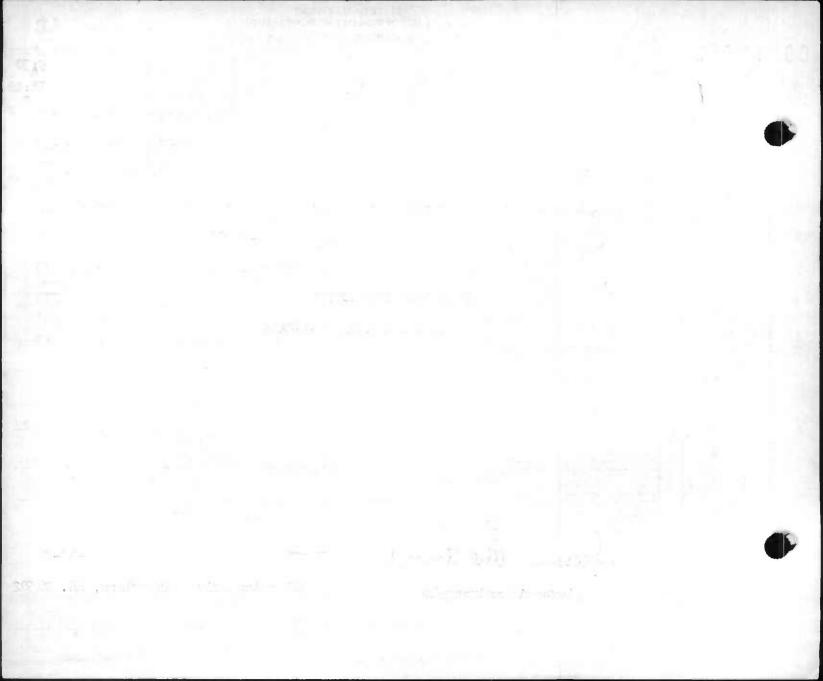
- STATE

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SEELS OF WILLIAM COMPANY OF THE STATE OF

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20. DATE KNOWN ESTI-30 James Α. Swann DEATH MATED 06-19 86 19 4. RACE 5. DATE OF BIRTH AGE (IN YEARS) IF UNDER 1 YR Pal HCPR IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 12-15-1921 a male white 64 06-19 10 86 IN BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYL LISA Allegany DIVORCED CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY 121 Oak Street retired policeman Cumber land City Omberland Se STATE 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 121 Oak Street/21502 Allegany MD Cumberland YES K I. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Owen A. Swann Catherine Flynn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IE YES, GIVE WAR OR DATES) 220-07-6450 WW II Mrs. Betty L. Swann, Cumberland, MD 21502 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.
FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D
IND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MYOCARDIAL INFARCTION IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF CORONARY ARTERY DISEASE Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOXX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f LOCATION AT WORK AT WORK STREET, FACTORY, EARM ETC.) CITY OF TOWN COUNTY STATE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 Inspection X X 220. I certify that I took charge of the remains described above, held on death resulted som: Hamicide TITLE (SPECIFY) 6-19-86 SIGNATURE EXAMINER'S NAME ADDRESS 900 seton Drive Cumberland, Md. 21502 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 BURIAL, CREMATION, REMOVAL 236, DATE Burial 06-23-1986 Sunset Memorial Park Cumberland BP Allegany 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH-17** James F. Scarpelli, Cumberland, (VR A15 ME (5)) 15M 2/80



DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYI

FOR STATE

STATE OF MARYLAND

5 REG. NO. 1 5 /	5 4
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REGISTRAR		CENTIL	ICAIL OI DEATH	REG. NO.	
	IRST	WIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
(TYPE OR PRINT)	rgaret	The	omas	6	27 86 6:30P M
I SEX	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	
remale	Whit	e Mont		82	YRS.
TE. BIRTHPLACE ISTATE OR FORE	GN 76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY OR C	
Md.	U. S.		ED   NEVER MARRIED	Allegany	MD
II. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Cumberland	932	Seton Drive C	Cumberland	Domestic	DRKING LIFE) INDUSTRY Housewii'e
USUAL RESIDENCE (# NURSING	HOME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE ADMISSION			2/57-2
	ilegany	Cumberland	YES NEEDE CITY LIMITS?	932 Seton	Drive Cumberland
14 FATHER'S NAME			15. MOTHER'S MAIDEN NA		
Peter	MIDDLE	Broadwater	Sarah	MIDDLE	Garlitz
60 WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	12 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (I	YES, GIVE WAR OR DATES)	216-22-5577	Mrs Marylyn	Evans Cumber	cland Md.
18 CAUSE OF DEATH	Enter anly ane cause pe	er line foxias, (b), and (c).)	0 ) 1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS	CAUSED BY	Carelio - 1	les mostro	Arres	
1/4	MEDIATE CAUSE (a)_			0	
	DUE TO, O	OR AS A MONSEQUENCE OF	-d' masil	ma (Oblin	10mg.
Canditians, if any, w		HOWUNC	200 9 100 110	IN GULUIY	TOWE
gave rise to immed		OR AS A CONSEQUENCE OF			
	last.	DR AS A CONSECUENCE OF			
DADTO OTHER SIGNIE	(c)_	ONTRIBUTING TO DEATH BUT	T NOT BELLIED TO THE TERM	INIAI DISSASS OD COMPIS	Control of the contro
	CANT CONDITIONS C	ONIKIBUTING TO DEATH BU	I NOT KELATED TO THE TERM	IN AL DISEASE OR CONDIT	ON GIVEN IN PART 1(a)
190. DATE OF OPERATIO				T	
19a. DATE OF OPERATIO	N 196. CON	DITION FOR WHICH OPERATIO	ON WAS PERFORMED		Db. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
#				YES NO	YES NO
210. ACCIDENT WAS UNDER		OF INJURY		RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
	SE OF DEATH	A.M. MONTH DAY YEAR			
OR CONTRIBUTING CAU  (IF EITHER, NOTIFY MEDICALE  21d. IN JURY OCCURRED		P.M. 19 OF INJURY	21f. LOCATION		
WHILE NOT WHILE	LAT HOME S	TREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	U				
22a.1 certify that (I) (th	is haspital) attended t	he deceased fram	, 19	, ta	, that (1) (we) last
saw the deceased	(did not) view the bad	19, a	and that in (my) (aur) apinian	death occurred an the date	and haur and fram the causes stated
22b. SIGNATURE	(did fid) view file odd	y difer death.	DEGREE	,	22c. DATE SIGNED
			ATTENDING PHYSICIAN IT	MEDICAL STAFF	7/1/86
226 PHYSICIAN'S NAM	E mer oftrageira		22e ADDRESS		
	1 100	Qamar Ul Zaman		d Dlda Cuit	205 Cumbanilani
		Quinat Of Zaillat	remortal ne	d Bldg. Suite	e 305, Cumberland
23a. BURIAL, CREMATION, HE	MOVAL VIE DATE	111	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
Burial /	1 10/30	\\laure	el Hill Cem.		fills Allegany Md.

DHMH-16 60M 1/73 (VR A 15 (4))

TO HOSPITAL OF ATTENDING PHYSICIAN, The low

ned by the hospital or TO FUNERAL DIRECTOR: should be detached for use with the State Dept of Hea MEDRIANT, If her 21 is

e burial-transit permit. Then please remain of Merital Hyglete prior to burial, crematio contricate has been signed by the unalitronal permit. Then please ten

m. Moscow Mills Allegany Md.

736. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR
Boal Funeral Service Westernport Md.

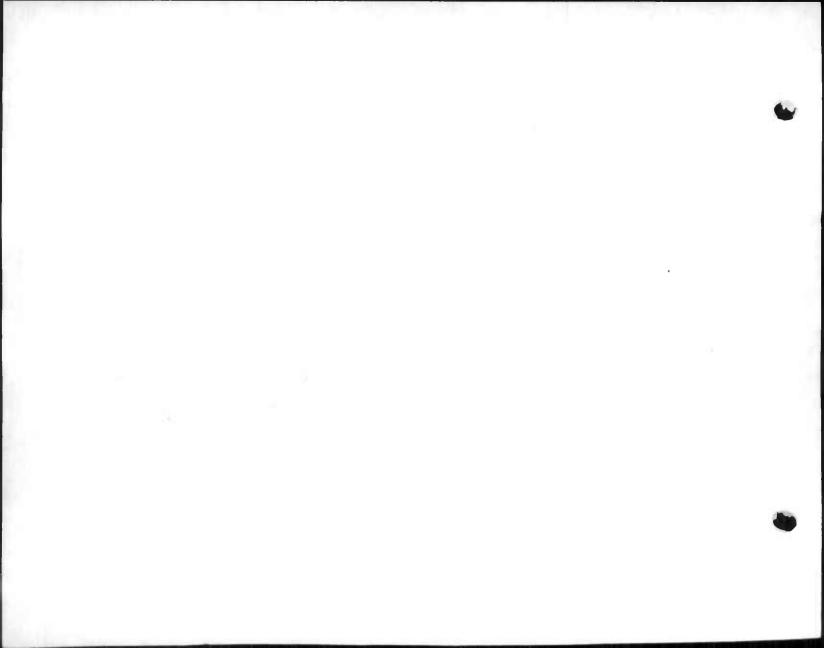
Julia Develor Modelle

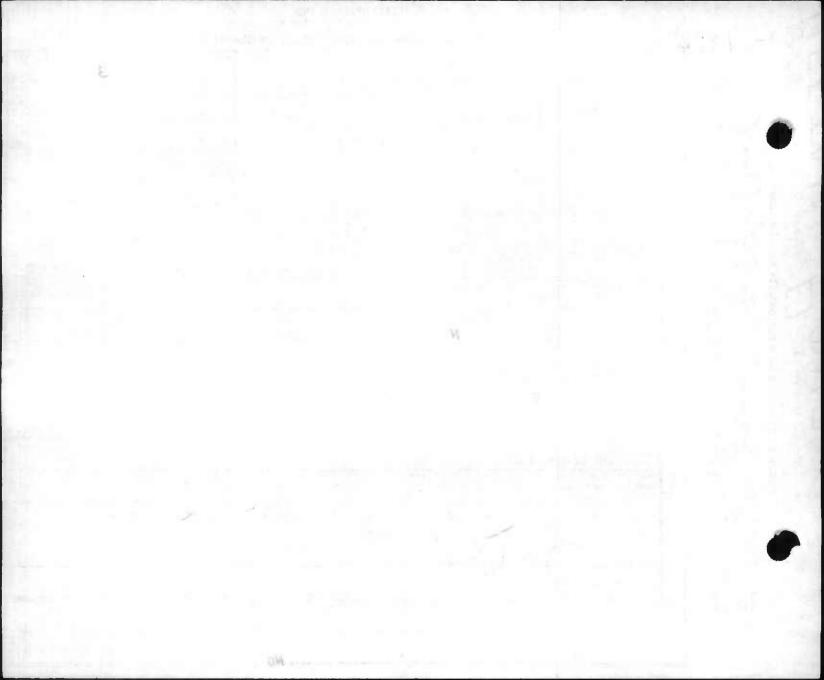
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1685는 구인시티 : 16 MICHAEL IN ME SON (ARREST IN)

CERTIFICATE #86-15755





BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTIEICATE OF DEATH

8	6	5	1	5	4
	REG. NO.				

- 1		REGISTRAR			MIDDLE		AST DEATH	REG. NO.		
1	TYPE OF	ASED NAME	EIRST					20 DATE OF DEATH MON	NTH DAY YEAR	26 HOUR
1			Elmer		•	Tranun		5/29/86	-	2;26
1	3. SEX	ale		4 RACE		S. DATE C	DAY IN YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DATS	
	200	HPLACE (STATE OR		White			5/ 1917	68	YRS.	
4		JNTRY)			WHAT COUNTRY	MARRIE	D 🛮 NEVER MARRIED	9 BALTIMORE CITY OR C	OUNIT OF DEATH	
4	10 CITY	Maryland OR TOWN OF DEA			States	WIDOWE	DR OTHER INSTITUTION	Allegary  120 USUAL OCCUPATION	125 KIND	OF BUSINESS
	_			(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY	
4		OSTBURG RESIDENCE (IF NURS	ING HOME OR	Prosti OTHER INSTITUTION	ourg Comm	. HOST	oital	Textile	Cela	
4	13a. ST A	ATE	13b. COUN	ITY	13c. CITY OR TOV	VN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZII		532
4		yland HER'S NAME	L AI	leg	<u>  Frostbu</u>	rg	YES NO NO NA	33 Washingto	on ST,	Frbg.
7	)	John		MIDDLE	LAST		FIRST	WIDDLE		AST
4	16n W.4	S DECEASED EVER	IN II S AR		Tranum	LIRITY NO	Margaret 17 INFORMANT	ADDRESS	Neilson	-
П		NO OR UNKNOWN)		war or dates)	212 10	6274		C 10		
ŀ	T.				1 1 1 1	0	Anna Tramium	Same as 13		XIMATE INTERVAL
1		PART I. DEATH W	AS CAUSE	D BY:	r line for (a), (b), a	her	lun Pestripo	tory (Innext	BETWEEN	ONSET AND DE
			IMMEDIAT	E CAUSE 10)			0.00	Copaci		O COOL
		Conditions, if ony	which	DUE TO, C	DR AS A CONSEOL	JENCE OF	zuch atage	Sarply sem	4	5 year
		gave rise to imi	mediote	DUIT 10.0	20.15.4.50215501	IENICE OF	V		1	0
1		underlying couse		(10)	DR AS A CONSEQU	JENCE OF				
4		ART 2 OTHER SIGI	NIFICANT (	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1	0
4	CERTIFICATION									
7	ICA	DATE OF OPERA	TION	196 COND	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	IN	B. IF YES, WERE FIND I CERTIFYING CAUSE	
-	E -			200 7005	26 1111111111		In the state of the	YES NO	YES 🗌	NO 🗌
		OR CONTRIBUTING		21b. TIME (	.M. MONTH C	AY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
	$\sim$	(IF EITHER NOTIFY MEDI			.M.	19	AN LOCATION		Contract	
	MEC	WHILE NOT WE			OF INJURY TREET, FACTORY, OFFICE	FARM ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATI
	A	I WORK AI WO								
		20   certify that (1)		tol) offered t	he deceased from	1	nd that in (my) (aur) opinion	teath occurred on the date of		that (I) (we)
	2			ti new the pod	y after death.		DEGREE	acom occorred on the dole t		E SIGNED
		saw the sheeps	didfished no		11			MEDICAL STAFF	211.04	- 10
		saw the sheeps	0	Alli	17 HIAM	I'V4	THE PROPERTY OF		- 1	
	2	taw the free Synthesis (1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	le	cliu	attro	M	- ····oicirii	DIRECTOR PHYSICIAN	10  2	30/86
	2	26 PHYSICIAN'S N.	AME (TYPE O		attrio	(M	22e ADDRESS	DIRECTOR   PHYSICIAN	10   3	30/86
	2	26 SIGNATURE  26 PHYSICIAN'S N.  Dr. S	AME (TYPE O	t	atmo		220 ADDRESS  Cumberl	Moirector □ PHYSICIAN and, MD	0   2	30/86
	2 2 23a. BUI	26 PHYSICIAN'S N.	AME (TYPE O	23b. DATE		NAME OF C	22e ADDRESS	and, MD	YTNUO	STAT

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-	,	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Po
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		NO.
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V		O HOSPITAL OR ATTENDING PHYSICIAN
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	6 REG. N	10.	5	1	5	
ATE /	SEDEATH	MTIAOM	DAY	VEAD	25 110	LID

REGISTRAR				CERTIF	ICATE OF DEATE	•	REG. NO	),		
DECEASED NAME	FIRST	M	IDDLE	t.	AST	2	a DATE OF DEATH	HIMON	DAY YEAR	2b. HOUR
TYPE OR PRINT)	Virgi	nia	В	T	rimble		6/21/86			8:37p A
SEX	-	RACE		5. DATE C			AGE (IN YEARS LAST BIRTI	HDAY)	MONTHS DAYS	R IF UNDER 24 HRS
female		whi	te	2/0	6/04	^"	82	YRS		
BIRTHPLACE (STATE O	R FOREIGN 7	CITIZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIE	p 🔾 🦻	BALTIMORE CITY OF	COUNT	YOFDEATH	
Maryland		USA		WIDOWE	DIVORCE	D	Allegany (	20	1466	ME
CITY OR TOWN OF D	EATH 1		OSPITAL, NURSING		OR OTHER INSTITUTIO	DN 1	20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	NC		OF BUSINESS OR
Frostburg		Frostbu			Hospital		Homemaker		Но	
SUAL RESIDENCE IF NU	RSING HOME OR C	THER INSTITUTION O	13c. CITY OR TOWN		13d. INSIDE CITY LIM	AITS?	e STREET ADDRESS /	ZIP COD	E	
MD		egany	Mt Say		YES NO	X	Rt 1 Box	12	21545	
FATHER'S NAME	M	DDLE	LAST		15 MOTHER'S MAID	EN NAME	WIDDIE			AST
Michael	V.1		Bishiel	ds	Cong	etta			Princ	ipe
WAS DECEASED EVE		ED FORCES?	166. SOCIAL SECUI		17 INFORMANT		ADDRE:	SS	6.000	
(YES NO OR UNKNOWN)	(1110), 0110	-	213 22	2 414.	Marianna	Keen	e - Addres	s sar		13 above
18 CAUSE OF DEA	TH (Enter only	one couse per l	line for (a), (b), and	d (c),)				M 5.	BETWEEN	XIMATE INTERVAL NONSET AND DEATH
PART I. DEATH	WAS CAUSED IMMEDIATE		CARDIO R	ESPI	RATORY	FAIL	URG			,
		DUE TO OR	AS A CONSEQUE	NCE OF						
Conditions, if on	y, which	(b)	MASSIVE	C	EREBRAL	He	MORRHAGE	5		LESS M
gove rise to in	nmediote	10,-	LC L COUSEOUS		1 1 1 1 1 1					
underlying cou		DUE TO, OR	AS A CONSEQUE	NCE OF						
PART 2 OTHER SIG	GNIFICANT CO	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	E TERMIN	AL DISEASE OR CONE	ITION GI	VEN IN PART	lio
1441	ERTE	NSINE	CARDIO	VASC	ULAR	DISE	1SE			
190 DATE OF OPER					N WAS PERFORMED		200 AUTOPSY?		S, WERE FIND	
					-		YES NO X		ES []	S OF DEATH?
210. ACCIDENT WAS U	NDERLYING	21b. TIME OF		45.5	21c HOW INJURY	OCCURRE	ENTER NATURE OF INJUR	Y IN ITEM TO	PART I OR PART 2)	
OR COLUMNIA INC.	.,	HOUR A.A	A. MONTH DA	Y YEAR	12 25					
(IF EITHER NOTIFY ME		21e PLACE C	OF INJURY	- 110	211. LOCATION		CITY OR TO	n / (h )	COUNTY	SLATE
ALLIEF MOI.	WHILE	(AT HOME, STRE	EET, FACTORY, OFFICE, F	ARM, ETC )	STREET		CHAOKIOA	414	COONT	STATE
220.1 certify that		ol) ottended the	deceased from_	JUN	E 19 19	86	10 JUNE	2/_	1986	, that (I) (we) las
sow the deced	sed alive on_	JUNE	2/ 19	86,01	nd that in (my) (our) o	opinion de	oth occurred on the do	te and ho	ui and I om th	e couses stated
22b SIGNATURE	(did) (did not	view the body	offer death.		DEGREE				22c. DAI	E SIGNED.
	3.00	lane	4.D		ATTENE	DING TAN	MEDICAL STAF		61	22/86
22d. PHYSICIAN'S	NAME (TYPE OR	PRINT	,		22e ADDRESS	CIMIA (B)	DIRECTOR   TITISIC	ini i		100
Dn	S. Cha	na			Fracthus	a D1-	72 Exacth	1110.00	MD 215	22
a. BURIAL, CREMATION		123b DATE	1 23r N	IAME OF C	EMETERY OR CREMA		Za, Frostb	urg,	MD 215	132
Burial	T, KEMOVAL	6-24-8			rge's Epis		Mt. Savac	0-40	POONTY	Manuelan
I FUNERAL DIRECTOR	Cooks					250. DATE F				
NAME	veorige	-upenwi	ch Funer	ac no	me, r.A.	JUN	30 1986	which	المناف المالية	my my
02 Greene	sireet.	-cumber	caria, mar	yeurlo	1 21302	-	4 4400			0

DHMH - 16 60M 7/B4 (VRA 15, 4)

retained by the hospital ar attending physician.

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached far use as the buriol-transit permit. Then please remave corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval. IMPORTANT: If Hem 21 is marked or Item 18 staws any injury, ar other traumatic event, the medical

A STATE OF STREET ENTERNAL REPORT OF THE RESIDENCE

5 5	100	1. DEI	OR PRINTI	David	uence, V	incent	: Т	roy	20 DATE OF DE		DAY YEAR 31, 1986	12:0
8 8	0	1. 563	(		4 RACE			OF BIRTH	& AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2
400	0		Male		White		Au	g 11, 1926	59	YRS	5	HOURS
a 11	2 2		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF		MARK	IED MEVER MARRIED	9 BALTIMORE	CITY OR COUN	ITY OF DEATH	
* 1	1/2		onfluence		U. S		WIDO	WED DIVORCED [	]   Allega	ny Coun	-	17-1-1
is after by the f	52	C	umberland	1	Sacre	d Hear	t Hospi		12a USUAL OCC (TYPE OF WORK FOR Constru	MOST OF WORKING	GLIFE) INDUSTRY	of BUSINE
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1 1	1	14. FA	THER'S NAME		MIDDLE	1/	AST	15 MOTHER'S MAIDEN I		DDLE	IA.	ST
1 1	106	2	Charles			Troy		Cleo			Anderse	n
1/1	8		VAS DECEASED EVER	I THE YES GIV	E WAR OR DATES)			17 INFORMANT		ADDRESS		
1 3	15	Y	ES NO OR UNKNOWN	Worl	d War I	1 1602	206560/1	Beatrice A	rtice R. I	. 1 Add		
1/1			18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a),	(b), and (c)			2 -	APPRO) BETWEEN	ONSET AND
D d			PART I. DEATH V	IMMEDIAT		Sho	de	luna Si	Indivo	Mi	13	WIC
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NDING PHYSICIAN. The law right in the file of othership physicion.  8. After this certificate has been signed by the	we as the bund-tradit permit their presser- feath and Mental Hyguens prior talburgal con- is marked on hem. If shows any injury or although	CBRT	PART 2 OTHER SIGN  190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED)  2101, INJURY OCCUR WHILE NOTIFY MED  2102, 1 certify that (II)	DERLYING CAUSE OF DEA	21b TIME C HOUR A. 21c PLACE (AT HOME STI	ONTRIBUTION FOR VITTON	WHICH OPERAT TH DAY YEA  15 OFFICE FARM ETC.)	JINOT RELATED TO THE TE	YES NO	20b. IF IN CER	YES, WERE FINDI ITIFYING CAUSES YES [] 18 PART I OR PART 2)	NGS USED 5 OF DEATH NO
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24 ATENDRAG PHYSICIAN. The low opposes that the Nospital or attending physicon. RECTOR After this certificate has been signed by the	thed for visit as the bound-tradity permit. Here present their brings of the other and Mental Hygiene prior to burgal, over them 21 is marked or hem. Its stopes any short or after them 21 is marked or hem.	CBRT	PART 2 OTHER SIG	DERLYING CAUSE OF DEA	21b TIME C HOUR A. 21c PLACE (AT HOME STI	ONTRIBUTION FOR VITTON	WHICH OPERAT TH DAY YEA  15 OFFICE FARM ETC.)	IT NOT RELATED TO THE TE	YES NO	20b. IF IN CER	YES, WERE FINDI	NGS USED NG OF DEATH NO    St.
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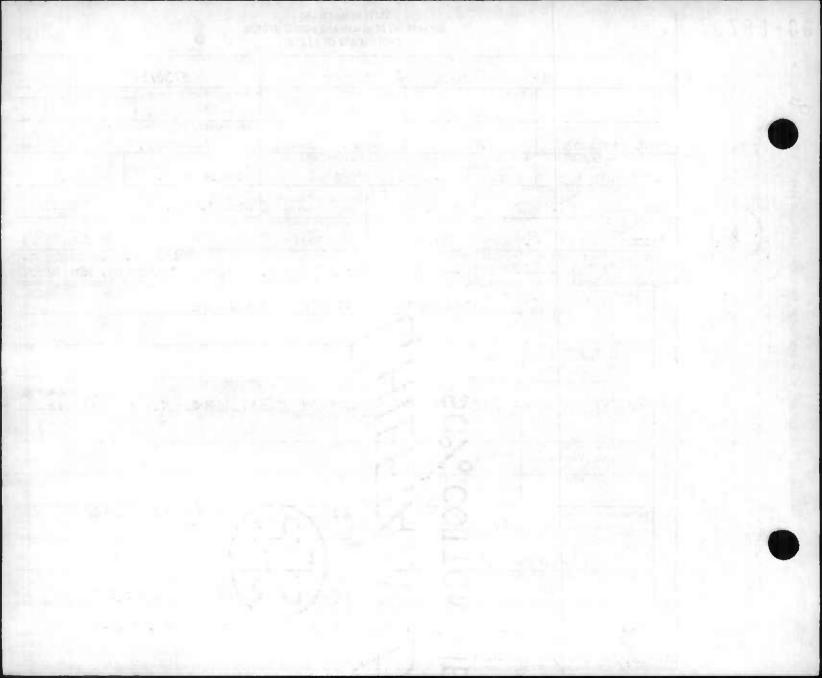
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Grantsville, MD

HY () 6 10096

David -

DHMH - 16 50M 4/B2 (VRA 15, 4)



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	female		whit			04-01-1908	78	YRS.		
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	MD		USA		WIDOWS	DIVORCED [	Allega			
	Y OR TOWN OF D	(T)(X)(1)		CHEACHITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	13th USUAL OCCUPATION			
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Un ST	ATE	THE COUN	VIY	13c CITY OF TOW	VIN	13d INSIDE CITY LIMITS?	114 STREET ADDRESS	ZIP CODE	-i /01	E00
	MD	ALI	Legany	Cumber]	Land	YES NO	913 Hill	cop Di	11/6/21	DUZ
4. FAT	HER'S NAME	Joseph	n O. Mel	llott 'AU		F807	ah A. Clay		6.60	ü
	AS DECEASED EVE		MED FORCES?	166 SOCIAL SECI		IJ. INFORMANT	ADDRE			
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DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and is should be detached for use as the busiol-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Merial Hygiene prior to busiol, cremation, or removal.

ATTENDING PHYSICIAN, The lo

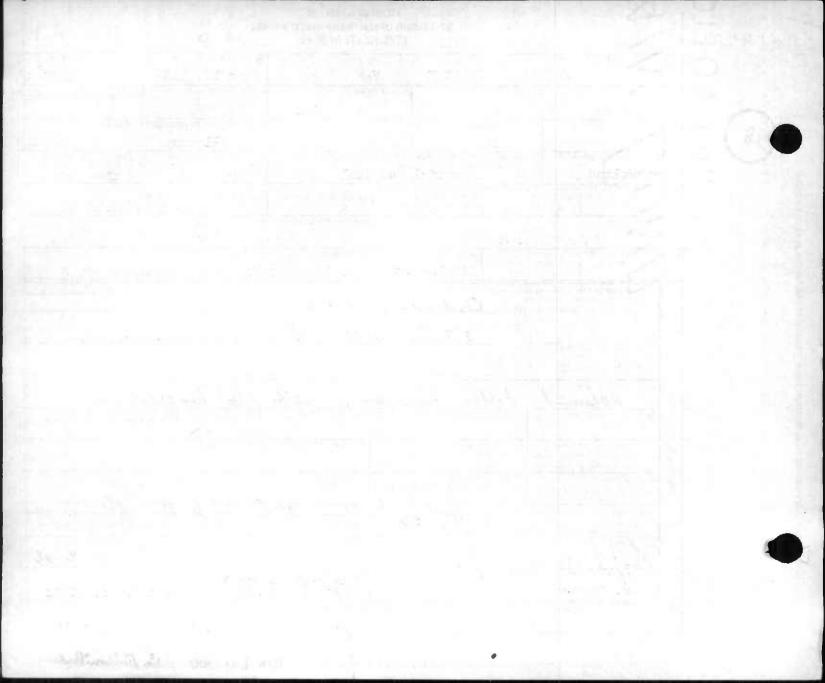
TO HOSPITAL

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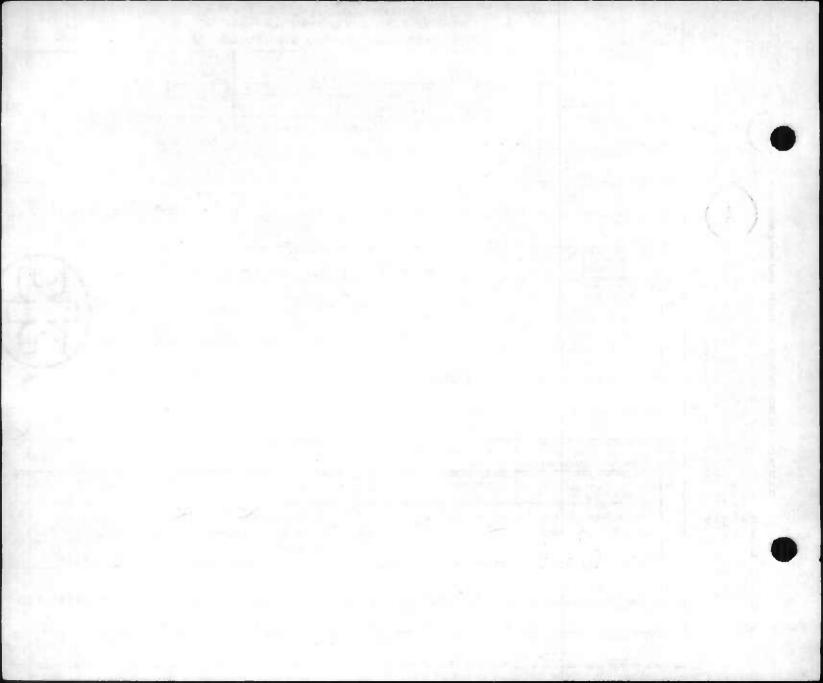
etoined by the hospital or attending physician.

(VRA 15, 4)

James F. Scarpelli, Cumberland, MD 21502

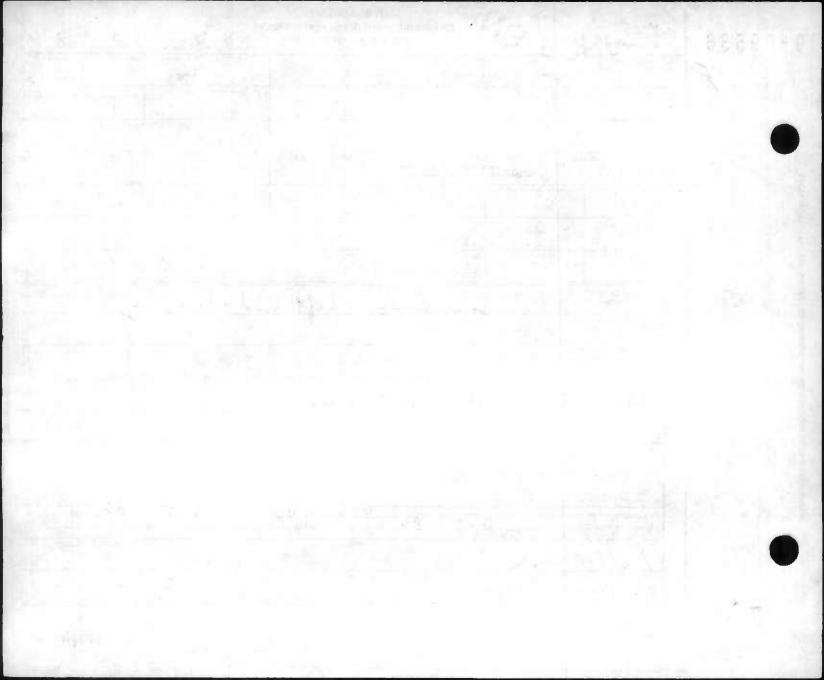


STATE OF MARYLAND



(VRA 15, 4) 1/79

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-09538 REG. NO. CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME MIDDLE 2R DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 2:30 HELEN MARIE WARD June 5, 1986 5. DATE OF BIRTH 3 SEX 4 RACE & AGE (IN YEARS LAST RITHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS Female White 26 60 MARRIED NEVER MARRIED 78 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY Allegany WIDOWED DIVORCED MD IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12R USUAL OCCUPATION 17h KIND OF BUSINESS OR Memorial Achospitaress TYPE OF WORK FOR MOST OF WORKING LIFE HOME Cumberland HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 13e. STATE 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Md Box 5016 Valley View Dr./21502 Cresaptown NO X YES 🗍 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Zellie MIDDLE Roy Dicken Lease **ADDRESS** 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 5016 Valley View Dr. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-24-1432 No William Ward 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stofing DUE TO, OR AS A CONSEQUENCE OF 0 underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 CERTIFICATION D He DATE OF OFERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 76a AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? the burial-transit per and Mental Hygier YES 🗌 NO YES [ NO [ 718 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNT STATE NOT WHILE 22e I certify that (I) (this hospital) ottended the deceased from saw the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 0 above. It (wer to d) (did not) view the body ofter death TO FUNERAL DIR should be detached with the State Dept DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF IMPORTANT: DIRECTOR PHYSICIAN PHYSICIAN | 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Memorial Hospital Medical Bldg. Dr. Robustiano Barrera Cumberland, MD 21502 234. LOCATION 23e BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN COUNTY STATE Burial Jun 7,1986 Sunset Memorial Park Cumberland Allegany PEGISTRATES REGISTRATES COMMINE 24 FUNERAL DIRECTOR Gary L. Upchurch 202 Greene St. Cumb.Md 21502 **DHMH-16 25M** 



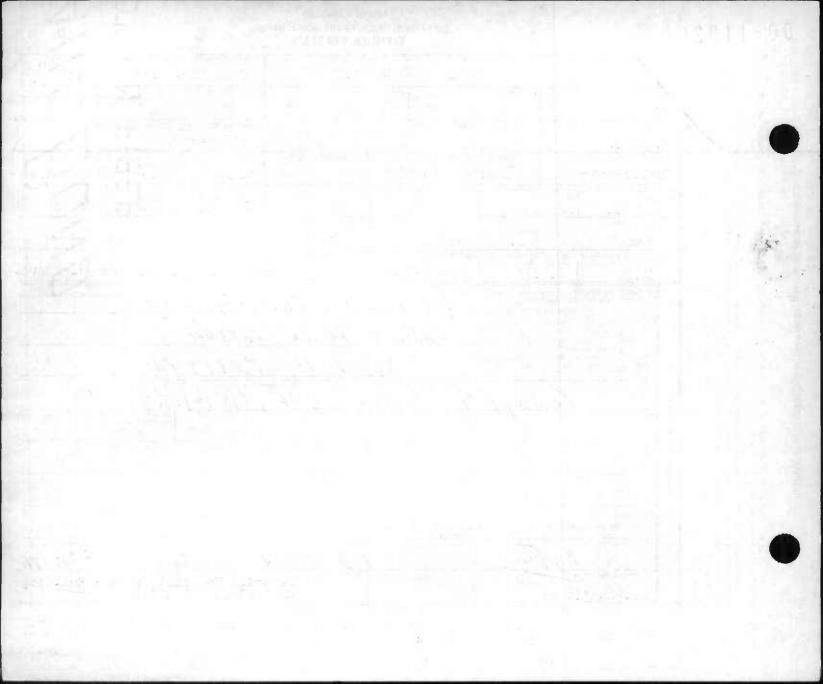
STATE OF MARYL
DEPARTMENT OF HEALTH AND
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AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	O REG. NO.		5	1	6	de .
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						STAT	E OF MARYLAND			
)-11920	1	FOR STATE REGISTRAR					EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO.	15/	6 4
oy be death	1. DE	CEASED NAME	LTON		AMES		AKLEY	June 29. 1	DAY YEAR	26 4:00
ctor, pag	3.8E	x ale		1. RACE Whit	te	S. DATE C	uary 8, 1917	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	P • M  IF UNDER 24 HRS  HOURS MIN.
neral dire	b	IRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY OR COU Allegany		M.C.
by the furthing tiled within	10. 0	umberland	ATH	11. NAME OF		IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK II)	126. KIND O INDUSTRY, La ABL-H	F BUSINESS OR
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mptetely and 2 sh examine		ATHER'S NAME FIRST		MIDDLE 1J.	Weakley		15. MOTHER'S MAIDEN NAM Ardenia	AE MIDDLE	Lamb	т
Poges 1		WAS DECEASED EVER (YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES) . II	166. SOCIAL SECU 214-07-		17 INFORMANT Dorothy Weak	ADDRESS Ley - Address A		
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s the burner hand Me	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
for use of Healt		22a. I certify that (I saw the decease above, (I) (we) (	sed alive on	1	128 19	, or	id that in (my) (our) opinion d	, to <u>4.79</u> leath occurred on the date and		that (I) (we) last causes stated
detached for detached for Dept. of Dept. of Item.		22b. SIGNATURE	Kyr	the_			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	274 DATE	7/2/8h
should be deto with the State I		Dr. Ranj	7	* Pepulj			27. ADDRESS Memo	orial Hospital erland, MD 215	Medical 1	Building
- v > ≤	230.	BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	23b. DATE 7-2-8			EMETERY OR CREMATORY Memorial Park	Cumberland-A	llegany-M	laryland
HMH 16 60M 7/84 (VRA 15, 4)	24 F	O2 Greene	George Street	-Upchiwa et-Cumbe	ch Funero	il Hon urylar	ne, P.A. 250. DATE nd 21502	REC'D. BY REGISTRAR 256, REC	GISTRAR'S SIGNAT	URE

DHMH 16 60M 7/84 (VRA 15, 4)



15.		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
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		I DECEASED NAME FIRST MODILE LAST 20 DATE KNOWN AND MONTH DAY	YEAR 26 HOUR
15	20 20 20 20	Jimmie L. Weasenforth Sr. DEATH MATED [ 6 30	19 86 1300 <sub>M</sub>
8	RECTO JR FILL STREE	3 SEX 4 RACE 5 DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS 1 HOURS 1 MIN PRONOUNCED AND PRONOUNCED	Za HOOK
1	S S S S S	Male Cau 5 10 41 45 YRS. DEAD 6 30	19 86 1300
	FOR POR	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF	DEATH
	NACES FUNER 5 FOR WITH	WV U.S.A. WIDOWED DIVORCED X A110 any	MD OF BUSINESS
	IF ANY DELAY IS NE. AND 3 TO THE FUN. RETAIN PAGE 5 F SHOULD BE FILED, M FREGORDS, 201 W	Cumberland  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Memorial Hospital  For Most of Working Life)  Painter	nion
5	IF ANY DELA 2, AND 3 TO 3. RETAIN PR SHOULD BE ALRECORDS	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	14901
. 212	AN A	West Virginia Mineral Keyser No X Rt 2 Box 76 A	26726
WD	NO ANN	4. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
OR	CAND 2	Lester Weasenforth Daisy Tep	babock
TIM	GIVE PAGE MITH FORM PAGES-1 AN DIVISION OF	No Was DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  16b. SOCIAL SECURITY NO.  231-52-5126  Jimmie Lester Weasenforth, Jr.	
, BA	SOFE	18. CAUSE OF DEATH (Enter only one cause par line for (a) (b) and (b)	APPROXIMATE INTERVAL
Y ST.	HOUNG INE,	PART I DEATH WAS CAUSED BY	days
STOP	N 24 N ITE ALOI IYGIE	( DUE TO, OR AS A CONSEQUENCE OF	
ex ex	CIL III		days
201 W.	E. WRITING THE WORD "PENDING" IN PENCIL IN 1IEM 1B. RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WENGE 35 SHOULD BE USED AS A BURIAL. TRANSIT FERMIT. STATE DEFARTMENT OF HEALTH AND MENTAL HYGIENE, DI. 7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	couse (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
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ATIV	WORD "PE WORD "PE IE CHIEF N BE USED A ENT OF HEA	6/27/86 Sub-dural hematoma and ruptured spleen	YES NO X
0	THE W THE W DULD B RTMEN		lood alcoho
DIVISION	ARTICO AR	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 0820M.6 27 19 86 Honda Civic ran off road-Victim's b  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	0.216%
N N	SCERTIF SITING SDED TO SDED TO SE 3 SHO E DEPAR	WHILE NOT WHILE THE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	W. Virgi
	THIS WAN	West Va Route 93 250' West of US Route 50 Mineral	W. VIIB
	# Y S S E	22a Leertify this k charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my apinion	
	STIF BE BE	death resulted from   Natural causes   .   Accident   Suicide   .   Homicide   .   Undetermined monner   .   TITLE (SPECIFY)	
	HCAL EXAMINES THE CERTIFIC SHOULD BE ERAL DIRECT EATH WITH THE CATH WITH THE WITH THE CATH WITH THE WITH THE CATH WITH THE WITH THE WITH THE W	ACTUAL SIGNATURE DATE SIGNED MEDICAL EXAMINER SIGNED	6/30/86
	DIC DIC NEER THE		
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN FORMERAL D FUNERAL D FULL OF ATH	EXAMINER'S NAME Paul Snow, M.D. ADDRESS Memorial Hospital Cumberland	d Md 21502
Dal	1/11/14	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY	STATE
96 /84/	8P	Burial 7/3/86 Potomac Mem Gardens Keyser Mineral Properties of Registrates Signal Properties Sig	
/ "	DHMH - 17 (VR A15 ME (5))	A. Craig Rotruck 85 S Main St Keyser, WV	S. C.
	(411 MID INE (0))	W. OTOTO LOST OF HOTOLOGICAL MI	

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865 1 - FOR STATE REGISTRAR		STATE OF MARYLAND RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.	15/6
1. DECEASED NAME (TYPE OR PRINT) Robe	et Stanley	Welsh	20 DATE OF DEATH MONTH	24 % 25 HOUR 24 % 955 N
5 MALE	CAUCASIA/	DATE OF BIRTH  MONTH  DAY  YEA  30  A	3 83	MONTHS DAYS HOURS MIN.
76. BIRTHPLACE (STATE OF FI COUNTRY) MARYLAND	75 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCES		JNTY OF DEATH  MD.
FROSTBURG	TH 11. NAME OF HOSPITAL, NU		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)  HOME LABORER	ING LIFE) 126 KIND OF BUSINESS WATER DEPT
JAL RESIDENCE (IF NURSI	136 COUNTY 13c. CITY OR			
JOSEPH	MIDDLE LAST WELL	SH ANNIE	MIDDLE	McKENZIE
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES? 166 SOCIALS  (IF YES, GIVE WAR OR DATES)  N.A. 214-0	7-3360 CATHERIN	FROSTBURGESS ME PURBAUBH. W.	NAT'L HGWY
PART I. DEATH W.	H (Enter anly one cause per line far (a), (b AS CAUSED BY: IMMEDIATE CAUSE (o)	ite m, In		APPROXIMATE INTERVAL BY IMPERIONSET AND DEATH
Canditions, if ony,		QUENCE OF C-A-1	, C	2 years.
gave rise to imm couse (a), stating underlying cause	g the DUE TO, OR AS A CONSE	QUENCE OF C.O.F	2. 2.	2/years
PART 2 OTHER SIGN	HIFICANT CONDITIONS CONTRIBUTING	Stew-arth	TERMINAL DISEASE OR CONDITION	I GIVEN IN PART I
190 DATE OF OPERAT	19b. CONDITION FOR WE	ICH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?  YES NO
OR CONTRIBUTION C	AUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEA	M IS PART I OR PART 7)
THE CONTRIBUTING TO CONTRIBUTION OF THE CONTRI	(AT HOME STREET, FACTORY, OF	ICE FARM ETC ) 211 LOCATION SIREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) saw the decease	(this hospital) attended the deceased from	0/	52 to 6 24	hour and from the causes stated
22b. SIGNATURE	C. Deilel	DEGREE ATTEND PHYSIC	ING MEDICAL STAFF	221. DATE SIGNED 6/24/86
224 PHYSICIAN'S NA	ME (TYPE OR PRINT)	D, 95E, ma	in St. Front &	ing Md, 2153

230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE

23d LOCATION
CITY OF TOWN
FROSTBURG 6/27/86 ALLEGANY MD 60.W. MAI FROSTBURG

DHMH - 16 60M 7/84 (VRA 15, 4)

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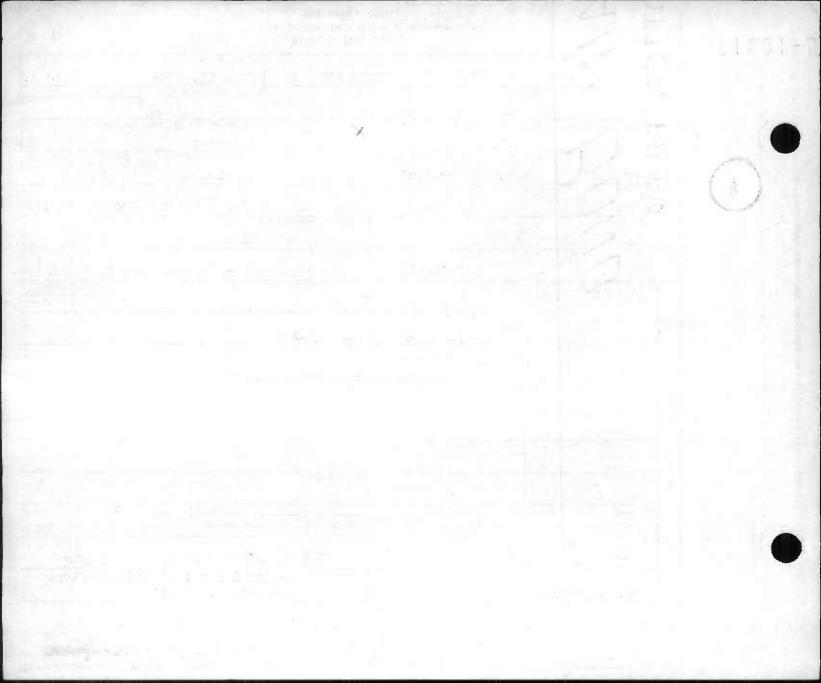
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,
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	1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYD ICATE OF DEATH	BIENE 8 6		5 /	6 7
		EASED NAME FIRS		MIDDLE	(	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	b HOUR
		MA	RY	ANN	WII	LKINSON	June 23, 1			2:10 A
4	3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U		HOURS MIN.
4	-	male	Who		Octob	er 1, 1937	48	YRS		
	0	RTHPLACE (STATE OR FOREIGI DUNITY) St Virginia		.A.	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Allegany	COUNTY OF	DEATH	ME
1	Cu	y or town of death mberland	Memor	in such Facility, GIVE STRE	et address)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Homemaker	WORKING LIFE)	126. KIND OF E INDUSTRY Home	BUSINESS OR
1	130. S Ma		me or other instit ounty Legany	134 CITY OR TO	and	13d. INSIDE CITY LIMITS? YES \( \bigcirc \) NO \( \bigcirc \)	13e.STREET ADDRESS / 347 Baltu	ZIP CODE NOTE AV	enue /	21502
ļ		George Will  AS DECEASED EVER IN U.				FIRST	nerine Mooman		LAST	
Į		ES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DAI	443-52-		Wanda Sponau				3 above
	NOI	Conditions, if ony, white gove rise to immedia couse loi, stating 11 underlying couse los PART 2. OTHER SIGNIFICA	DUE T	b) Alvames O, OR AS A CONSEC S) CONTRIBUTING TO	UENCE OF	wg CA.	linal disease or cone	DITION GIVEN	IN PART 110	
2	CERTIFICATION	198. DATE OF OPERATION	19b. C	ONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NOXX	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	S USED OF DEATH?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL EXA	DE DEATH HOU	ME OF INJURY R. A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	CHILAT	ACE OF INJURY ME, STREET, FACTORY, OFFIC	E. FARM ETC )	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	ı	220.1 certify that (1) (this saw the deceased oli above, (1) (we) (did) (c	e on	6.23	**	nd that in (my) (our) opinion	death occurred on the do		d from the co	ot (I) (we) lost juses stated
		22b. SIGNATURE					MEDICAL STAF DIRECTOR   PHYSIC		22c. DATE SK	82
		Dr. H. Mer					orial Hospit perland, MD		ical Bl	Ldg.
1	Bu	URIAL, CREMATION, REMO PECIFY)	6-20	5-86 R	est Lau	emetery or crematory un Meml. Garde me, P.A. 250 PG	rs LaVale-AL	legany.	Marylo	and State
										RE



			NERAL HOME			
	11.	500		RTMENT OF HEALTH AND MENTAL H	YGIENE	
-09017		REGISTRAFROSTBURG		CERTIFICATE OF DEATH	B REDNO.	5/60
0001	(TYP	CEASED NAME FIRST	MIDDLE	LAST	M. DAIL OF BEATH	DAY YEAR 26 HOUR
de de		JOHN	THOMAS	WINTERS JR	JUNE 4, 1986	3:00 A <sub>M</sub>
T pa	3 SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
ars of ars of		MALE	WHITE	9/24/12	73 YRS	
2 hou		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
	M	ARYLAND	U.S. A.	WIDOWED DIVORCED	ALLEGANY COUNTY	MD.
P T	10 C	ITY OR TOWN OF DEATH	HE NOT IN SUCH FACILITY GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION  17YPE OF WORK FOR MOST OF WORKING LIE	126 KIND OF BUSINESS OR
à Die		CUMBERLAND	SACRED BEART		TV REPAIRS	BELF EMP.
i i	13a	STATE 113h COL	DROTHER INSTITUTION, GIVE RESIDENCE BE UNITY 136 CITY OR I	OWN [13d INSIDE CITY LIMITS?	Us STREET ADDRESS / ZIP CODE	21532
1300	-		EGANY VALE S		RT.1, BOX 659	, FROSTBURG
4/ m/2 5 66	14. F	ATHER'S NAME FIRST	MIDOLE LAST	15 MOTHER'S MAIDEN I	MIDDLE	LAST
dus			HOMAS WINTE		RUTH	PHILLIPS
ond cond cond cond cond cond cond cond c		WAS DECEASED EVER IN U.S. A	IVE WAR ORDATES!		FROSTBURGESS MD	
P o		NO N	.A. 214-07	-3104 MRS. JOHN	T. WINTERS, JE	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per lighter in the	and ic	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(主筆 1)			ATE CAUSE (0)	offeric sai	C	The same of
( the state of			DUE TO OR A CONSE	atendan . 1	121. La	THE STYLE
this of the state		Conditions, if any, which	1 of fleete	Myocardial	grantion	100
remo emo		gove rise to immediate couse (a), stating the	BUETO OR AS CONSE	QUANCE OF TO		
d by the lease re fol, crent		underlying cause last.	10 Kena	& Haille		
gned buri buri	1,	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	RMIN AL DISEASE OR CONDITION GIV	EN IN PART 1:0
en si or to	ě	Mer	wa.	(0)		
e bring	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
Show	Ē					S NO
SY DO THE ST		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM IB F	PART I OR PART 2)
5 9 2 E E	CA	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.	19		
this nd M	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
os the th and arked		AT WORK AT WORK		Mark & D	1 Trans	0/
TOR. A		220.1 certify that (1) (this has	pital minded the deceased ful		o some 4	19 Chot (I) (willost
8 0 2		above, (I) (Aprid stidid)	ter was the body offer death.		on death accurred on the date and hou	
DIRE Oched Dept If herr		22h Jagnature	1. 1	DEGREE ATTENDING	MEDICAL STAFF	DATE SIGNED
E . Y		ange	Lyun on	PHYSICIAN		MM4-16
FUNER VIG be		PHYSICIAN'S PARAE ITIM	7	22e ADDRESS	4	
TO FUNERAL Should be delived the Store		CHANG (OH, MD		48 TARN TER	RRACE, FROSTBURG, M	D 21532
3 4		BURIAL, CREMATION, REMOVA	L 23b. DATE 2	30 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION	COUNTY STATE
P (	BI	URIAL	6/7/86 R		ARD. LAVALE	ALLEGANY MD
MH - 16 60M 7/84	77	Thistory	wers 60 W. MA		DATE REC'D. BY REGISTRAR 236 REGIST	
(VRA 15, 4)	S	OWERS FUNERA	L HOME FRO	STBURG	UN 1 0 1986 Julia D	evidour-Randalles

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STATE OF MARYLAND